The Compounding Quality Coalition

August 17, 2020

Dockets Management Staff (HFA-305)
Food and Drug Administration
5630 Fishers Lane, Room 1061
Rockville, MD 20852

Re: Agency Information Collection Activities; Proposed Collection; Comment Request; Obtaining Information to Understand Challenges and Opportunities Encountered by Compounding Outsourcing Facilities; Docket No. FDA-2019-N-3077

Dear Sir/Madam:

The Compounding Quality Coalition (CQC) commends the Food and Drug Administration (FDA) for its commitment to protect patient safety and public health, while ensuring providers have the medicines necessary to provide quality care for patients. The CQC is a diverse group of stakeholders from the public health, manufacturing, outsourcing facility, and pharmacy communities, whose goals align with the goals of the FDA to protect patients by ensuring that patients who have a clinical need for a compounded drug have access to the highest-quality product. The CQC represents a wide range of organizations, including the outsourcing industry, so our comments will focus on several topics and will not focus on the specific questions outlined in the Federal Register Notice. We support FDA's efforts to ensure that compounded products do not unnecessarily become a substitute for FDA-approved drug products. The CQC appreciates FDA's information gathering activities to further support agency policy decisions.

Compounded medications are an important clinical intervention for patients who have a medical need for a particular drug formulation that is not commercially available, so it is essential to ensure that patients have access to safe supplies of these drugs. Since 2007, large scale compounding for inventory has become an important outsourced activity for hospitals. In 2012, the nation suffered its worst public health crisis associated with compounded drugs when product compounded in Massachusetts was distributed nationwide, harming patients across the country. In all, approximately 76 people died and 778 individuals in 20 states were stricken with fungal meningitis or other infections.[1] While this was the largest outbreak of infections associated with compounded drugs, it is by no means the only time that compounded drugs have harmed or killed patients.[2]

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[1]Tennessean. "Meningitis Outbreak Trial: Potentially Deadly Bacteria Found in NECC Drugs" (October 2017). https://www.tennessean.com/story/news/2017/10/12/meningitis-trial-new-england-compounding-center/759459001/

[2] The Pew Charitable Trusts, "U.S. Illnesses and Deaths Associated with Compounded Medications or Repackaged Medications, 2001-17" (2018), https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2017/us-illnesses-and-deaths-associated-with-compounded-medications-or-repackaged-medications

The foundation of the DQSA is a risk-based approach, ensuring that compounding takes place under quality standards appropriate to the level of risk of the drugs being produced. In our view, each outsourcing compounding organization, regardless of size, setting, or production volume output, should have the required quality systems in place to ensure consistent end product safety and quality to protect patients. Current federal law, as amended by DQSA, will help prevent another tragedy – but only if compounding is performed in a way that is consistent with the law, and if FDA prioritizes the law's implementation and enforcement.

Compounded drugs benefit patients who have a medical need for a particular drug formulation that is not commercially available. Significantly, many hospitals in the U.S. have come to find 503B registered compounding businesses are an essential component of their supply chain and a key function in the operation of their pharmacies. Hospitals turn to outsourcing compounding facilities in different circumstances: large scale batches, improved use by dates (i.e., Beyond Use Date—BUD), complexity of compounding (combination products and devices such as cassettes, pumps and others), drug shortages, and formulations not otherwise available to meet their clinical needs. It is critical that these drugs are produced in full compliance with applicable standards and under conditions that guarantee potency, stability, and freedom from contamination.

The Coalition believes that there are intrinsic components to an effective Compounding Outsourcing Facility: Standard sterile pharmaceutical cGMP processes and controls, facilities designed to support those processes and controls, and appropriately skilled and trained staff and management to operate the facilities and ensure a state of control throughout. Consequently, The Coalition expects that a compliant Compounding Outsourcing Facility (or business operating multiple facilities) should have:

- A detailed and clear understanding of applicable legislative and regulatory polices at the Federal and State level.
- Access to sufficient capital to develop the staff, facilities, and validated processes necessary to maintain sanitary conditions and fulfill the requirements noted above.
- A coherent and complete set of Standard Operating Procedures.
- Facilities which are designed to support the effective operation of those procedures.
- A cadre of management and staff who have deep experience in sterile pharmaceutical manufacturing and interactions with the FDA to include experienced quality control and quality assurance staff.
- Developed training and accreditation programs for all incoming manufacturing and quality staff.[3]
- Compliant product release, environmental and stability testing programs that meet appropriate standard to ensure safe and effective product for the patient. Controls to ensure no release into the marketplace of any product until required testing is satisfactorily complete.

[3] CQC seeks FDA guidance on role of pharmacists and required training. In our view pharmacist should have sterile manufacturing or cGMP experience, training, and accreditation. Finding pharmacists which possess these traits and can then acquire the training to "oversee production" as required in the law is likely to be difficult.

- The ability to manufacture all its finished product from FDA approved pharmaceutical product whenever it is available, adhering to FDA guidance.
- Appropriate manufacturing and quality controls if compounding from Bulk substances as allowed during shortages or other scenarios as directed by FDA (e.g., clinical need) and that FDA enforces its guidance equally (e.g., Essentially a Copy) across registered 503B compounding businesses to ensure fair trade.

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The FDA's commitment to patient safety is evident in its efforts to implement and enforce the DQSA. The CQC believes this effort will create a clearer framework for compounded medicines distributed interstate and intrastate, protecting the patients who rely on them. With that, we commend the FDA's leadership and would like to extend our help in ensuring this bipartisan, public-health focused initiative is successful.

Thank you very much for your consideration of our comments and recommendations. If you have any questions, feel free to contact me.

Sincerely,

Mark Hendrickson
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