

110TH CONGRESS
1ST SESSION

S. _____

To amend the Federal Food, Drug, and Cosmetic Act to provide for safe and appropriate compounding of drugs by licensed pharmacists and physicians.

IN THE SENATE OF THE UNITED STATES

_____ introduced the following bill; which was read twice
and referred to the Committee on _____

A BILL

To amend the Federal Food, Drug, and Cosmetic Act to provide for safe and appropriate compounding of drugs by licensed pharmacists and physicians.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Safe Drug
5 Compounding Act of 2007”.

6 **SEC. 2. PHARMACY COMPOUNDING.**

7 Section 503A of the Federal Food, Drug, and Cos-
8 metic Act (21 U.S.C. 353a) is amended to read as follows:

1 **“SEC. 503A. PHARMACY COMPOUNDING.**

2 “(a) DEFINITIONS.—In this section—

3 “(1) the term ‘bulk drug substance’ has the
4 meaning given the term in section 207.3(a)(4) of
5 title 21, Code of Federal Regulations (or any suc-
6 cessor regulation);

7 “(2) the term ‘compounding’—

8 “(A) includes the process by which a phar-
9 macist or doctor combines, mixes, or alters in-
10 gredients to create a drug tailored to the needs
11 of an individual patient; and

12 “(B) does not include mixing, reconsti-
13 tuting, or other such acts that are performed in
14 accordance with directions contained in ap-
15 proved labeling provided by a product’s manu-
16 facturer and other manufacturer directions con-
17 sistent with that labeling;

18 “(3) the term ‘essentially a copy of a drug ap-
19 proved by the Secretary’—

20 “(A) includes a drug product for which
21 there is no legitimate medical need for any dif-
22 ference in ingredients, dosage form, route of ad-
23 ministration, or strength from the comparable
24 drug approved by the Secretary; and

25 “(B) does not include a drug product in
26 which there is a change, made for an identified

1 individual patient, which produces for that pa-
2 tient a significant difference, as determined by
3 the prescribing practitioner, between the com-
4 pounded drug and the comparable drug ap-
5 proved by the Secretary;

6 “(4) the term ‘sterile drug product’ means any
7 drug product—

8 “(A) to be administered parenterally;

9 “(B) for topical use on or in the eye;

10 “(C) that is an aqueous-based solution for
11 inhalation; or

12 “(D) that the Secretary defines by regula-
13 tion to be a sterile drug product; and

14 “(5) the term ‘valid prescription order’ means
15 a prescription order—

16 “(A) for an identified patient; and

17 “(B) completed by a practitioner author-
18 ized by State law to prescribe drugs that is
19 within an established relationship with such pa-
20 tient.

21 “(b) APPLICATION.—

22 “(1) APPLICABILITY OF ACT TO COMPOUNDED
23 DRUG PRODUCTS.—

1 “(A) IN GENERAL.—Except as provided in
2 subparagraph (B), this Act shall apply to com-
3 pounded drug products.

4 “(B) EXEMPTION FOR CERTAIN DRUGS.—
5 Sections 501(a)(2)(B), 502(f)(1), and 505 shall
6 not apply to a compounded drug product if,
7 with respect to such compounded drug product,
8 the requirements of this section are met.

9 “(C) NO EXEMPTION FOR NON-COMPLIANT
10 DRUGS.—Sections 501(a)(2)(B), 502(f)(1), and
11 505 shall apply to a compounded drug product
12 if, with respect to such compounded drug prod-
13 uct, the requirements of this section are not
14 met.

15 “(2) APPLICATION OF SECTION.—This section
16 shall not apply to—

17 “(A) compounded positron emission tomog-
18 raphy drugs, as defined in section 201(ii); or

19 “(B) radiopharmaceuticals.

20 “(c) COMPOUNDING.—

21 “(1) IN GENERAL.—Drug products that are
22 compounded shall be compounded only in accordance
23 with this paragraph as follows:

1 scribing practitioner, on a valid
2 prescription order that the pre-
3 scribing practitioner has deter-
4 mined that a compounded drug
5 product is needed by the identi-
6 fied individual patient, subject to
7 clause (ii); or

8 “(II) in limited quantities before
9 the receipt of such valid prescription
10 orders for such individual patients
11 when based on a history of the
12 compounding pharmacist or physician
13 receiving such valid prescription or-
14 ders for the compounding of the drug
15 product, which orders have been gen-
16 erated solely within an established re-
17 lationship between—

18 “(aa) the compounding
19 pharmacist or physician; and

20 “(bb)(AA) such individual
21 patients for whom such prescrip-
22 tion orders will be provided; or

23 “(BB) the practitioners who
24 will write such prescription or-
25 ders.

1 “(ii) NOTATION.—A compounding
2 pharmacist or physician may make a nota-
3 tion as described in clause (i)(I)(bb), if the
4 drug approved by the Secretary that the
5 valid prescription order indicates should be
6 dispensed to the individual patient is not
7 immediately available for dispensing to the
8 patient, either because the drug is not
9 stocked or is in short supply, in which case
10 the compounding pharmacist or physician
11 may dispense a quantity of a compounded
12 drug product only in a quantity necessary
13 to ensure the health and safety of the pa-
14 tient through the time reasonably expected
15 to be required to acquire the drug ap-
16 proved by the Secretary.

17 “(C) DISPENSING BY COMPOUNDING PHAR-
18 MACIST OR PHYSICIAN.—A compounded drug
19 product shall be dispensed to the individual pa-
20 tient for which the drug product was pre-
21 scribed—

22 “(i) on receipt of the valid prescrip-
23 tion order described in subparagraph
24 (B)(i)(I); and

1 “(ii) by the compounding pharmacist
2 or physician, unless the patient is an inpa-
3 tient at a health care facility, such as a
4 hospital.

5 “(D) BULK DRUG SUBSTANCES.—A drug
6 product shall be compounded using bulk drug
7 substances that—

8 “(i)(I) are drug substances that are
9 components of drugs approved by the Sec-
10 retary;

11 “(II) if the drug substance is not a
12 component of a drug approved by the Sec-
13 retary, comply with the standards of an
14 applicable United States Pharmacopoeia or
15 National Formulary monograph, if a
16 monograph exists, and the United States
17 Pharmacopoeia chapter on pharmacy
18 compounding; or

19 “(III) if the drug substance is not a
20 component of a drug approved by the Sec-
21 retary and such a monograph does not
22 exist, appear on a list developed by the
23 Secretary through regulations issued by
24 the Secretary under subsection (e);

1 “(ii) are manufactured by an estab-
2 lishment that is registered under section
3 510 (including a foreign establishment that
4 is registered under section 510(i)); and

5 “(iii) are accompanied by valid certifi-
6 cates of analysis for each bulk drug sub-
7 stance (which certificates shall be main-
8 tained for a period of not less than 2 years
9 after the drug product is dispensed or the
10 drug substance is disposed of, whichever is
11 later).

12 “(E) OTHER INGREDIENTS.—Ingredients
13 (other than bulk drug substances) that are used
14 in the compounding of a drug product shall—

15 “(i) comply with the standards of an
16 applicable United States Pharmacopoeia or
17 National Formulary monograph, if a
18 monograph exists;

19 “(ii) comply with the standards of the
20 United States Pharmacopoeia chapter on
21 pharmacy compounding; and

22 “(iii)(I) be listed in the Inactive In-
23 redient Guide of the Food and Drug Ad-
24 ministration as approved in a product with

1 the same route of administration and with-
2 in the potency range listed; and

3 “(II) not be identified as inappro-
4 priate for such a drug product on the list
5 published by the Secretary in the Federal
6 Register as provided for in subsection
7 (e)(3).

8 “(F) STERILE DRUG PRODUCTS.—A sterile
9 drug product shall be compounded—

10 “(i) solely from ingredients that are—

11 “(I) sterile; and

12 “(II) tested and determined by
13 the compounding pharmacist or physi-
14 cian to be free of endotoxins or other
15 filth that may make the drug product
16 injurious to health; and

17 “(ii) in conformity with—

18 “(I) standards for sterile
19 compounding established by the Sec-
20 retary by regulation; or

21 “(II) if such regulations do not
22 exist, standards of the United States
23 Pharmacopoeia for sterile
24 compounding.

1 “(G) REQUIRED DISCLOSURES IN LABEL-
2 ING.—

3 “(i) IN GENERAL.—A compounded
4 drug product shall be dispensed with label-
5 ing containing—

6 “(I) the statement ‘This drug
7 was made specifically for you, because
8 your health care provider determined
9 that no FDA-approved product would
10 suit your needs. It must comply with
11 Federal and State pharmacy guide-
12 lines for preparing drugs, but is not
13 required to meet the safety, efficacy,
14 or manufacturing standards for FDA-
15 approved drugs. If you have questions
16 about this medication, ask your health
17 care provider.’;

18 “(II) if the drug product is a
19 sterile drug product, the additional
20 statement ‘This drug was not pre-
21 pared using FDA’s manufacturing
22 standards for sterile drugs’;

23 “(III) the date on which the drug
24 was compounded;

1 “(IV) the name of the licensed
2 compounding pharmacist or
3 compounding physician; and

4 “(V) relevant information from
5 labeling, including from medication
6 guides, required by the Secretary to
7 be provided to patients when a drug
8 approved by the Secretary with an ac-
9 tive ingredient used in the com-
10 pounded drug product is dispensed to
11 patients.

12 “(ii) NONAPPLICATION.—Clause
13 (i)(II) shall not apply to the labeling of a
14 sterile drug product if the facility in which
15 the sterile drug product is compounded
16 is—

17 “(I) registered under section 510;
18 and

19 “(II) found by the Secretary,
20 after an inspection under section 704,
21 to be in compliance with the require-
22 ments of section 501(a)(2)(B) for
23 manufacturing sterile drug products.

24 “(H) REQUIRED DISCLOSURES IN ADVER-
25 TISING.—

1 “(i) REQUIRED STATEMENT FOR DI-
2 RECT-TO-CONSUMER ADVERTISING OF A
3 COMPOUNDED DRUG.—Any advertising or
4 promotion directed to consumers of a com-
5 pounded drug, shall include the following
6 statement that is displayed or stated
7 prominently and conspicuously: ‘This drug
8 can be made specifically for you by a phar-
9 macist if your health care provider deter-
10 mines that no FDA-approved product
11 would suit your needs. It must comply with
12 Federal and State pharmacy guidelines for
13 preparing drugs, but is not required to
14 meet safety and efficacy standards for
15 FDA-approved drugs. If you have ques-
16 tions about this medication, ask your
17 health care provider.’.

18 “(ii) REQUIRED STATEMENT FOR AD-
19 VERTISING OF A COMPOUNDED DRUG TO
20 HEALTH CARE PROVIDERS.—Any adver-
21 tising or promotion directed to health care
22 providers of a compounded drug shall in-
23 clude the following statement that is dis-
24 played or stated prominently and conspicu-
25 ously: ‘This drug can be made specifically

1 for your patient by a pharmacist if you de-
2 cide that no FDA-approved product would
3 suit that patient's needs. Such com-
4 pounded drugs must comply with Federal
5 and State pharmacy guidelines but are not
6 required to meet the safety and efficacy
7 standards for FDA-approved drugs.'.

8 “(iii) REQUIRED STATEMENT FOR AD-
9 VERTISING OF COMPOUNDING SERVICES.—

10 Any advertising or promotion of more than
11 1 compounded drug or of compounding
12 services by a pharmacist or physician, shall
13 include the following statement that is dis-
14 played or stated prominently and conspicu-
15 ously: ‘Compounded drugs can be made
16 specifically for a patient when the patient’s
17 health care provider determines that no
18 FDA-approved product meets the patient’s
19 needs. Such compounded drugs must com-
20 ply with Federal and State pharmacy
21 guidelines for preparing drugs, but are not
22 required to meet safety and efficacy stand-
23 ards for FDA-approved drugs. Patients
24 with questions about such medications
25 should ask their health care providers.’.

1 ments of section 501(a)(2)(B) for
2 manufacturing sterile drug products.

3 “(2) DRUG PRODUCTS THAT SHALL NOT BE
4 COMPOUNDED.—A drug product shall not be com-
5 pounded if the drug product is—

6 “(A) essentially a copy of a drug approved
7 by the Secretary, except in a quantity necessary
8 to ensure the health and safety of a patient
9 through the time reasonably expected to be re-
10 quired to acquire the drug approved by the Sec-
11 retary;

12 “(B) a drug that appears on the list pub-
13 lished by the Secretary in the Federal Register,
14 and published in section 216.24 of title 21,
15 Code of Federal Regulations (or any successor
16 regulation), of drug products that have been
17 withdrawn or removed from the market because
18 such drug products or components of such drug
19 products have been found to be unsafe or not
20 effective; or

21 “(C) identified by the Secretary by regula-
22 tion as a drug product that presents demon-
23 strable difficulties for compounding that reason-
24 ably demonstrate an adverse effect on the safe-
25 ty or effectiveness of that drug product.

1 “(d) SEMI-ANNUAL REPORTS FOR DRUGS DISTRIB-
2 UTED OUTSIDE STATE IN WHICH COMPOUNDED.—

3 “(1) IN GENERAL.—A pharmacist or physician
4 who compounds drugs shall submit to the Secretary
5 a semi-annual report providing, for each distinct
6 compounded drug product distributed by the phar-
7 macist or physician outside the State in which such
8 pharmacist or physician compounded the drug prod-
9 uct—

10 “(A) the name of the drug product as or-
11 dered on a prescription;

12 “(B) the generic names of all ingredients,
13 and the chemical names of all ingredients with-
14 out generic names included in the drug product;

15 “(C) the number of doses of the drug
16 product distributed by such pharmacist or phy-
17 sician outside such State;

18 “(D) the States to which the drug product
19 was distributed;

20 “(E) the number of doses of the drug
21 product distributed by such pharmacist or phy-
22 sician within the State in which such phar-
23 macist or physician compounded the drug prod-
24 uct; and

1 “(F) all known serious adverse events as-
2 sociated with use of the drug product.

3 “(2) STATE BOARDS OF PHARMACY AND MEDI-
4 CINE.—The Secretary shall share the reports de-
5 scribed under paragraph (1) with State boards of
6 pharmacy and medicine, as appropriate, and work
7 with such boards to—

8 “(A) discourage the distribution of inordi-
9 nate amounts of compounded drug products in
10 interstate commerce; and

11 “(B) encourage appropriate State inves-
12 tigation of complaints relating to compounded
13 drug products distributed outside such State.

14 “(e) REGULATIONS AND IMPLEMENTATION.—

15 “(1) IN GENERAL.—The Secretary shall issue
16 regulations to implement subsections
17 (c)(1)(D)(i)(III), (c)(2)(B), and (c)(2)(C). Before
18 issuing regulations to implement such subsections,
19 the Secretary shall convene and consult an advisory
20 committee on compounding. The advisory committee
21 shall include representatives from the National Asso-
22 ciation of Boards of Pharmacy, the United States
23 Pharmacopoeia, pharmacy, physician, consumer or-
24 ganizations, and other experts selected by the Sec-
25 retary.

1 “(2) LIMITING COMPOUNDING.—The Secretary,
2 in consultation with the United States Pharma-
3 copoeia Convention, Incorporated, shall promulgate
4 regulations identifying drug substances that may be
5 used in compounding under subsection
6 (c)(1)(D)(i)(III) for which a monograph does not
7 exist or which are not components of drug products
8 approved by the Secretary. The Secretary shall in-
9 clude in the regulation the criteria for such sub-
10 stances, which shall include historical use, reports in
11 peer reviewed medical literature, or other criteria the
12 Secretary may identify.

13 “(3) COMPOUNDING RESTRICTION LIST.—The
14 Secretary, after providing for not less than 6 months
15 of public review and comment, shall publish in the
16 Federal Register a list of active and inactive ingredi-
17 ents and uses of ingredients that may compromise
18 the safety or efficacy of a compounded drug product,
19 including allergens or other substances that must be
20 absent from some or all compounded drug products,
21 chemicals that should not be used in some or all
22 compounding processes, ingredients that should not
23 be combined, or maximum levels of individual ingre-
24 dients in a compounded drug product. The Secretary

1 shall update the list not less often than once every
2 2 years.

3 “(4) GUIDANCE ON MEDICAL NEED.—The Sec-
4 retary, in consultation with physicians, other health
5 care providers licensed to prescribe drugs, and
6 compounding pharmacists, shall develop and issue a
7 guidance document that identifies—

8 “(A) the types of medical needs that jus-
9 tify the use of a compounded drug, such as—

10 “(i) the need for a drug without a
11 specified inactive ingredient or without an
12 inactive ingredient from a specified source
13 (such as milk or soy) because the patient
14 is allergic to such ingredient or ingredients
15 from such source and the drug approved
16 by the Secretary contains such an ingre-
17 dient;

18 “(ii) the need for a drug in a dosage
19 form, route of administration, or strength
20 that differs from drugs approved by the
21 Secretary; and

22 “(iii) the need for a drug when there
23 is a shortage of the drug approved by the
24 Secretary; and

1 “(B) the means by which a licensed pre-
2 scribing physician or other health care provider
3 can notate such a medical need on a prescrip-
4 tion form.

5 “(5) INORDINATE AMOUNTS.—The Secretary
6 may issue a guidance document to describe the term
7 ‘inordinate amounts of compounded drug products
8 in interstate commerce’.

9 “(6) ELECTRONIC PRESCRIBING.—When devel-
10 oping technical standards for electronic prescribing
11 systems, the Secretary shall develop a standard so
12 that a system certified by the Secretary shall allow
13 a licensed prescribing physician or other health care
14 provider to—

15 “(A) prescribe a compounded drug;

16 “(B) indicate the nature of the medical
17 need that requires the use of a compounded
18 drug rather than a drug approved by the Sec-
19 retary; and

20 “(C) indicate that the prescribing provider
21 has discussed the risks and benefits of using
22 the compounded drug with the patient.

23 “(7) MEDICAL NEED EXCEPTION.—

24 “(A) IN GENERAL.—The Secretary shall by
25 regulation identify circumstances in which med-

1 ical need justifies an exception from compliance
2 with 1 or more requirements of this section,
3 such as when a bulk drug substance that meets
4 the requirements of subsection (c)(1)(D) or an
5 ingredient other than bulk drug substance that
6 meets the requirements of subsection (c)(1)(E)
7 is not available to compound a drug product.

8 “(B) NOTIFICATION AND CONFIRMA-
9 TION.—A regulation promulgated pursuant to
10 subparagraph (A) shall require that, to use an
11 exception—

12 “(i) the compounding pharmacist or
13 physician notify the prescribing practi-
14 tioner who completed the valid prescription
15 order indicating that a compounded drug
16 product is needed by the identified patient,
17 of the nature of the exception to be used;

18 “(ii) the prescribing physician confirm
19 the need for the compounded drug product
20 even given the nature of the exception to
21 be used;

22 “(iii) the compounding pharmacist or
23 physician make a notation of such con-
24 firmation on such prescription order; and

1 “(iv) such patient be informed, both
2 orally when the drug is dispensed or ad-
3 ministered and in the drug label, that the
4 compounded drug product was not com-
5 pounded in compliance with the normal
6 standards for compounding drugs.”.

7 **SEC. 3. CONFORMING AMENDMENTS.**

8 (a) INSPECTION.—Section 704(a) of the Federal
9 Food, Drug, and Cosmetic Act (21 U.S.C. 374(a)) is
10 amended by adding at the end the following:

11 “(4) Notwithstanding any other provision of
12 this subsection, the provisions of the third sentence
13 of paragraph (1) shall apply to a retail pharmacy
14 that compounds drug products or dispenses com-
15 pounded drug products, to ensure compliance with
16 section 503A.”.

17 (b) ADVERTISEMENTS.—Section 502(n) of the Fed-
18 eral Food, Drug, and Cosmetic Act (21 U.S.C. 352(n))
19 is amended by striking “or distributor” each place it ap-
20 pears and inserting “distributor, or compounder”.

21 (c) MODIFICATION OF MEDWATCH FORMS.—Not
22 later than 6 months after the date of enactment of this
23 Act, the Secretary of Health and Human Services shall
24 modify the Medwatch mandatory and voluntary forms,
25 and other drug safety surveillance systems, to facilitate

1 the gathering of information on, and correct attribution
2 of, adverse events associated with the use of compounded
3 drug products.

4 (d) AUTHORIZATION OF APPROPRIATIONS.—There
5 are authorized to be appropriated to carry out this section
6 such sums as may be necessary for each of the fiscal years
7 2008 through 2012.