AMA
AMERICAN MEDICAL ASSOCIATION

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Ronald T. Piervincenzi, PhD
Chief Executive Officer
United States Pharmacopeial Convention
12601 Twinbrook Parkway
Rockville, MD 20852-1790

Re: Revisions to General Chapter <797> Pharmaceutical Compounding – Sterile Preparations as published in Pharmacopeial Forum 41(6) November/December 2015

Dear Dr. Piervincenzi:

The American Medical Association (AMA) appreciates the opportunity to submit comments on proposed revisions to *USP General Chapter* <797> on sterile compounding as published in the Pharmacopeial Forum. The AMA has great respect for the activities of the United States Pharmacopeia (USP) and The National Formulary (USP–NF) in establishing public pharmacopeial standards for chemical and biological drug substances, dosage forms, compounded preparations, excipients, medical devices, and dietary supplements. The tests and procedures referred to in the USP–NF generally provide important guidance on a variety of pharmaceutical issues that act to promote patient safety and are intended to enhance the quality of care.

The AMA is the largest physician organization in the United States. More than 115 medical specialties and 50 state medical societies comprise the AMA's House of Delegates, along with medical students, residents, and young physicians, and include an organized medical staff section. These entities represent the vast majority of practicing physicians in our country. Many of the members of the Federation of Medicine are also members of the USP Convention, as are nearly 100 schools of medicine. We share with USP the goal of safe, effective, and high-quality patient care that is both accessible and protected by science-based standards. It is with this vision that we share substantial concerns about certain proposed revisions to *General Chapter* <797> affecting the ability of physicians to provide direct patient care, and also offer some proposed solutions for consideration. These comments have been informed by discussions with several individual medical societies, most of whom will be submitting their own specific comments on the proposed revisions.

While we understand the impetus for revisiting standards for sterile compounding, and strongly agree that activities that led to the tragedy emanating from practices at the New England Compounding Center must be prevented, we believe that some of the proposed revisions to <797> represent an approach that would have a negative effect on access to care for thousands of patients, significantly increase the cost of medical care in some clinical arenas without contributing to patient safety, and overburden compounding pharmacists. The latter has the potential to further exacerbate patient access issues in community-based

settings. The relative lack of scientific studies and/or citations supporting many of the revisions is especially concerning.

Specifically, the AMA strongly urges USP to consider taking the following steps with respect to proposed *USP General Chapter* <797>:

1. The proposed revisions to <797> abandon the risk-based approach to categories of sterile compounding. Intended to be a simplification, this change reclassifies many previous practices, conducted under aseptic technique in physician office settings, as compounding subject to much more stringent practices, even though they have never been shown to be harmful or affect patient safety or are actually done in accordance with FDA labeling instructions.

   It is our belief that the definition of what constitutes compounding under "Reconstitution of dilution" (lines 49-56) lacks clarity and should be expanded to accommodate current patterns of physician practice in ambulatory and emergent/urgent care settings involving the use of only sterile formulations and ingredients, practices that have not generated patient safety issues, and therefore should not be subject to the provisions of *USP General Chapter* <797> as written. Such practices involve the use of only sterile formulations or ingredients, but may include reconstitution and/or dilution(s), or the admixture of another sterile ingredient or involve specific "beyond use" or "in use" times. More details, supporting evidence, and specific suggested alternate language can be found in comments submitted by a number of medical specialties from the AMA House of Delegates.

2. It would appear that no new data have emerged since USP considered the evidence and granted an exception for allergen immunotherapy in 2007. On the contrary, we are unaware of any studies or case reports documenting transmission of an infectious agent through the common practice of allergy immunotherapy. This established clinical practice has been shown in many well-designed studies to improve care of asthma, reduce hospitalizations, and reduce the overall direct and indirect costs of allergic disease. The proposed changes in <797> would, for all practical purposes, eliminate this form of individual patient therapy.

In developing standards for sterile compounding USP should be mindful of directives from its own policy making body. Resolution 1 from the 2015 Convention noted the following (emphasis added):

> USP will increase communication and collaboration with the U.S. Food and Drug Administration (FDA) to promote alignment with FDA's regulatory and scientific policies from the inception of the standards planning and development process. ***USP will work with FDA, industry, and other stakeholders throughout the process to increase understanding of the regulatory impact of such proposals.***

We urge USP to carefully consider the comments of medical specialty societies in achieving consensus on a reasonable approach to preserve patient safety and maintain access to established physician practices and procedures that rely on sterile preparations. In finalizing standards for sterile compounding, USP could benefit specifically by allowing physicians from affected medical specialties who practice in an office-based or urgent care setting and are administering sterile preparations, to have a dedicated platform whereby USP can have the opportunity to fully understand and address their real world concerns related

to *General Chapter* <797> as currently drafted, if it were to become enforceable. We do not believe it is the intent of USP to restrict patient access and substantially increase the cost of care. The AMA would be pleased to help facilitate such a process.

Thank you for your consideration of our comments. If you have any questions, please feel free to contact Barry Dickinson, Director, Science Policy at barry.dickinson@ama-assn.org or 312-464-4549.

Sincerely,

James L. Madara, MD