

ISSUE BRIEF:

Patient Access to Urgent-Use Pharmacy Compounding Act of 2023

HR 167 would allow 503As to fill gaps in coverage when 503Bs cannot



If we learned just one thing from the past two years, it's that America's healthcare system isn't structured to accommodate the demands put upon it by a global pandemic. In particular, the drug supply chain failed to function in a way that assured that hospitals and clinics had the drugs they needed to treat the most seriously ill COVID-19 patients. During the worst of the pandemic, hospitals found themselves pleading with manufacturers, suppliers, other health systems, the FDA, 503B outsourcing facilities, and compounding pharmacies for medications to keep those COVID patients alive.

In the midst of that crisis, in consultation with the Alliance for Pharmacy Compounding and other industry groups, FDA promulgated temporary guidance allowing 503A pharmacies to compound COVID medications that were in severe shortage, when those drugs could not be acquired from manufacturers or 503B outsourcing facilities. That temporary guidance includes essential conditions under which 503As can source any of 13 listed COVID drugs to hospitals, including the requirement that the state board of pharmacy explicitly permit them to do so. APC supported it fully and expressed gratitude to FDA for its flexibility under the circumstances.

Though at this writing that FDA temporary guidance remains in effect, we expect it to be withdrawn soon, as the pandemic subsides. But the problem of drug shortages will surely persist – and it extends well beyond the 13 COVID drugs authorized under that temporary guidance doc.

That's why APC has worked with members of Congress to have legislation introduced that will create a permanent path, similar to that in FDA's 2020 temporary guidance document, for 503A pharmacies to provide urgent use and shortage drugs to hospitals and physicians.

That bill is HR 167, the **Patient Access to Urgent-Use Pharmacy Compounding Act of 2023**, sponsored by Rep. Morgan Griffith of Virginia. The legislation was introduced in early January 2023 and was referred to the subcommittee on health.

THE ISSUE

By publishing its Temporary Policy for Compounding of Certain Drugs for Hospitalized Patients by Pharmacy Compounders not Registered as Outsourcing Facilities During the COVID-19 Public Health Emergency, the FDA has acknowledged:

1. That urgent patient need should outweigh prescription requirements for 503A compounding, provided that other safeguards are in place.
2. The value of 503A compounding in addressing shortages of critical drug products.

The introduced legislation codifies a policy, largely based on the temporary guidance document, to address both urgent need and drug shortages.

Urgent Need

With respect to urgent need, physician organizations have noted that the requirement to have a patient-specific prescription for an urgent patient need may delay and hamper care. For instance, ophthalmologists require an inventory of anti-bacterial, anti-fungal, and anti-viral compounded medications to treat eye-infections in immediate if not emergent circumstances. Any delay in providing the medication can result in patient harm. Thus, in limited circumstances, it would be appropriate for

503A entities to compound the medications without having a patient-specific prescription, but then later to ensure that the patient information is married with the particular compounded product.

Related to urgent use, HR 167:

- Modifies the patient prescription requirement.
- Requires the prescriber to certify that the prescriber is unable to obtain the drug as an FDA-approved product or from a 503B entity.
- Only allows for compounding of limited quantities of the drug.
- Only allows the compounded drug to go to the prescriber (not directly to the patient).
- Only allows the administration of the drug by a licensed prescriber in a clinical setting.
- Ensures that patient information is later married with the compounded drug information by requiring:
 - The compounder to label the drug to request the patient information (within 7 days of administration or 7 days of patient discharge of each patient involved).
 - The coupling of the compounded drug information with the patient information, once received.
 - That the compounded product be labeled with a BUD (per USP).
- Requires that the compounder and prescriber report adverse events to the FDA.

Drug Shortages

With respect to drug shortages, the FDA has noted that it was using its enforcement discretion with respect to the “essentially a copy” requirements, provided that certain conditions are met (i.e., those contained in the temporary guidance document). The proposed legislation would codify that flexibility, while also expanding the definition of drug shortage to include not only the FDA’s definition of drug shortage but also ASHP’s drug shortage list. The ASHP list encompasses local and regional (not just national) shortages. As with urgent need, under certain circumstances the patient-specific requirement would need to be waived, while putting into place additional safeguards.

Related to drug shortages, HR 167:

- Modifies the patient prescription requirement (when necessary).
- Ensures, when the patient prescription requirement is waived, that the patient information is later married with the compounded drug information by requiring:
 - That the compounder labels the drug to request the patient information (within 7 days of administration or 7 days of patient discharge of each patient involved).
 - That the compounder couples the compounded drug information with the patient information, once received.
- Requires that the compounded product be labeled with a BUD (per USP).
- Expands the definition of shortage to include drugs listed on the FDA or ASHP lists.
- Requires that the compounder and prescriber report adverse events to the FDA.

You can read HR 167 [here](#).

THE ASK: Members of Congress need to understand how 503A pharmacies can help address drug shortages.. Urge Congress to encourage FDA to allow this. On the 503A side, HR 167 was introduced in January 2023 by lead sponsors Morgan Griffith (VA). Ask your representatives to cosponsor this legislation. Ask senators to work with us next year as we anticipate additional legislation to be introduced in the next Congress to address this issue.

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