MEETING: FDA CDER/CBER
On Desiccated Thyroid Extract Reclassification
November 9, 2022

AGENDA:

1. Introductions
2. Basis of agency rationale for deeming DTE a biologic
3. Agency path in deeming DTE a biologic
4. Agency process to deem DTE a biologic
5. Impacts of agency action on commercially available Thyroid USP
6. Potential patient impacts resulting from reclassification of DTE as a biologic
7. Inconsistencies in FDA's FAERS database regarding DTE adverse events

SCOTT: Thank you for the opportunity to discuss your September 16, 2022, letter to NABP regarding compounding with desiccated thyroid extract. We are concerned about the criteria used to deem DTE a biologic, the seeming lack of an official process, the way in which this was communicated, the immediate impact on patient care, the future of patients needing both manufactured and compounded DTE, and the potential impact on treatment moving forward.

As a demonstration of the industry-wide concern over this issue, the Alliance for Pharmacy Compounding is joined here by officials from the National Association of Board of Pharmacy, American Pharmacists Association, National Community Pharmacists Association, and the Outsourcing Facilities Association.

I'd like to open with a question: **What is the problem or policy goal the agency is trying to address via this reclassification of DTE as a biologic or, said differently, how is patient care enhanced when DTE is classified as a biologic?**

[agency responds]

MATT / LEE / RONNA

The justification provided in FDA's letter for classifying DTE as a biologic is based on the presence of thyroglobulin. This appears to be a unique scenario in which a product or API is classified based on a component that is not the active ingredient. As you know levothyroxine and liothyronine are the active ingredients of DTE drug products. Thyroglobulin is not discussed in the labeling of the manufactured DTE drug products and is not mentioned in the USP monograph of Thyroid USP.

- Has the agency established a quantity of thyroglobulin in the manufactured DTE products or the API itself? If so, can the Agency provide these quantities to us?
- Can the Agency show that thyroglobulin itself, in the amounts present in DTE, has a specific therapeutic effect when administered orally as part of clinical thyroid replacement therapy?
- IF PATIENT HARM ISSUE IS RAISED: Ask if the Agency can provide specific instances of harm from compounded DTE preparations beyond the FAERS database entries which are not consistent and this database says it can't show causation in its FAQ. Specifically the reports of possible harm need an associated narrative about the patients comorbidities, other medications, and details about the issues the patient experienced to evaluate them.

DAVE / MATT / MICHAEL

• No other products or APIs are categorized as biologics based on something other than the active ingredients to our knowledge.

Are there other instances where a drug product is reclassified as a biologic due to the presence of a protein component?

• Precedent: If thyroglobulin makes Thyroid USP a biologic, what about other components of products that have more than 40 amino acids? Gelatin? Does the agency intend to deem other chemicals which are not listed as active ingredients in certain substances as biologics?

SCOTT: **What is the agency's rationale for communicating that DTE is a biologic in a letter to a trade association rather than an official and public agency action and/or communication to the compounding industry including FDA registered repackagers that distribute thyroid USP to compounders?**

[LEE discusses process concerns]

SCOTT: **Is the agency concerned that a lack of communication with repackagers could contribute to regulatory confusion as well as be another potential access barrier?**

SCOTT: **What is the agency's understanding of the impacts of this reclassification of DTE on patients?**

MICHELLE:

• Discuss the nature of the therapy, why it's essential for some patients.

• Quantify patient impacts:

1) APC estimate of 60,000 patients on compounded DTE alone
2) Share AANH survey of prescribers results

SCOTT: What are the impacts on the manufacturers of the commercially available DTE drug products? The letter to NABP states that the Agency has not approved any biologics license applications (BLAs) for DTE products. Are there currently sponsors seeking a BLA for DTE products to maintain patient access to this medication, and if so, when might those BLAs be approved?

SCOTT: FDA's letter to NABP and board of pharmacy creates an understanding by boards of pharmacy and their inspection teams that they are expected to take action against pharmacies that continue to serve their patients with compounded DTE preparations. We have already been receiving reports from pharmacists that they are being told by boards or inspectors that the pharmacists cannot compound with DTE preparations. At the same time, manufactured DTE products continue to be marketed and available for dispensing as drug products. We are not receiving reports of boards of pharmacy or their inspection teams taking action on the dispensing of manufactured products. Would the agency commit to providing communication to NABP that they can distribute to boards of pharmacy that clarifies that compounded DTE preparations can be provided to patients for some interim period until BLAs can be approved?