

---

# Guidance

## Pharmacy Compounding of Human Drug Products Under Section 503A of the Federal Food, Drug, and Cosmetic Act

### *DRAFT GUIDANCE*

**This guidance document is being distributed for comment purposes only.**

Comments and suggestions regarding this draft document should be submitted within 60 days of publication in the *Federal Register* of the notice announcing the availability of the draft guidance. Submit electronic comments to <http://www.regulations.gov>. Submit written comments to the Division of Dockets Management (HFA-305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number listed in the notice of availability that publishes in the *Federal Register*.

For questions regarding this draft document contact the Center for Drug Evaluation and Research (CDER) at the Office of Unapproved Drugs and Labeling Compliance (OUDLC) at 301-796-3110

**U.S. Department of Health and Human Services  
Food and Drug Administration  
Center for Drug Evaluation and Research (CDER)**

**December 2013  
Procedural**

---

# Guidance

## Pharmacy Compounding of Human Drug Products Under Section 503A of the Federal Food, Drug, and Cosmetic Act

*Additional copies are available from:*

*Office of Communications  
Division of Drug Information, WO51, Room 2201  
Center for Drug Evaluation and Research  
Food and Drug Administration  
10903 New Hampshire Ave., Silver Spring, MD 20993  
Phone: 301-796-3400; Fax: 301-847-8714  
druginfo@fda.hhs.gov*

<http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/default.htm>

or

*Office of Policy  
Office of the Commissioner  
Food and Drug Administration  
10903 New Hampshire Ave.  
Silver Spring, MD 20993  
Phone: 301-796-4830*

U.S. Department of Health and Human Services  
Food and Drug Administration  
Center for Drug Evaluation and Research (CDER)

December 2013  
Procedural

*Contains Nonbinding Recommendations*

*Draft — Not for Implementation*

**TABLE OF CONTENTS**

<b>I. INTRODUCTION</b> .....	<b>1</b>
<b>II. BACKGROUND</b> .....	<b>1</b>
<b>III. POLICY</b> .....	<b>3</b>
<b>A. Conditions of Section 503A</b> .....	<b>3</b>
<b>B. Provisions of Section 503A That Require Regulations or Other FDA Actions</b> .....	<b>5</b>
<b>IV. GUIDANCE ON REGULATORY ACTION</b> .....	<b>6</b>
<b>A. Requirements Applicable to Drug Products That Meet the Conditions of Section 503A</b> .....	<b>6</b>
<b>B. Enforcement Action When a Drug Does Not Meet the Conditions of Section 503A</b> .....	<b>7</b>
<b>C. Enforcement Approach</b> .....	<b>8</b>

1 **Guidance<sup>1</sup>**  
2 **Pharmacy Compounding of Human Drug Products Under Section**  
3 **503A of the Federal Food, Drug, and Cosmetic Act**  
4

5  
6 This draft guidance does not create or confer any rights for or on any person and does not operate to bind  
7 FDA or the public. You can use an alternative approach if the approach satisfies the requirements of the  
8 applicable statutes and regulations. If you want to discuss an alternative approach, contact the FDA staff  
9 responsible for implementing this guidance. If you cannot identify the appropriate FDA staff, call the  
10 appropriate number listed on the title page of this guidance.  
11

12  
13  
14 **I. INTRODUCTION**  
15

16 This guidance announces FDA’s intention with regard to enforcement of section 503A of the  
17 Federal Food, Drug, and Cosmetic Act (the FD&C Act) (21 U.S.C. 353a) to regulate entities that  
18 compound drugs, now that section 503A has been amended by Congress to remove the  
19 advertising and solicitation provisions that were struck down as unconstitutional by the U.S.  
20 Supreme Court in 2002 (see section II below). Several parts of section 503A require rulemaking  
21 and consultation with a Pharmacy Compounding Advisory Committee to implement. This  
22 guidance explains how those provisions will be applied pending those consultations and  
23 rulemaking. This guidance also describes some of the possible enforcement actions FDA may  
24 bring against individuals or firms that compound drugs in violation of the FD&C Act.  
25

26 This guidance does not apply to registered *outsourcing facilities* under section 503B of the  
27 FD&C Act. Guidance for outsourcing facilities will be issued separately.  
28

29 FDA’s guidance documents, including this guidance, do not establish legally enforceable  
30 responsibilities. Instead, guidance documents describe the Agency’s current thinking on a topic  
31 and should be viewed only as recommendations, unless specific regulatory or statutory  
32 requirements are cited. The use of the word *should* in FDA’s guidance documents means that  
33 something is suggested or recommended, but not required.  
34

35  
36 **II. BACKGROUND**  
37

38 Section 503A was added to the FD&C Act by the Food and Drug Administration Modernization  
39 Act of 1997 (Public Law 105-115) (the Modernization Act). Section 503A describes conditions  
40 that must be satisfied for drug products compounded by a licensed pharmacist or licensed  
41 physician to be exempt from the following three sections of the FD&C Act: (1) section

---

<sup>1</sup> This guidance was prepared by the Office of Compliance, Center for Drug Evaluation and Research at the Food and Drug Administration.

## ***Contains Nonbinding Recommendations***

*Draft — Not for Implementation*

42 501(a)(2)(B) (concerning current good manufacturing practice); (2) section 502(f)(1)  
43 (concerning the labeling of drugs with adequate directions for use); and (3) section 505  
44 (concerning the approval of drugs under new drug applications (NDAs) or abbreviated new drug  
45 applications (ANDAs)).<sup>2</sup>  
46

47 The conditions of section 503A of the FD&C Act included restrictions on the advertising or  
48 promotion of the compounding of any particular drug, class of drug, or type of drug and the  
49 solicitation of prescriptions for compounded drugs. These provisions were challenged in court  
50 and held unconstitutional by the U.S. Supreme Court in 2002.<sup>3</sup> In May 2002, FDA issued a  
51 compliance policy guide that described how FDA intended “to address pharmacy compounding  
52 of human drugs in the immediate future” as a result of the Supreme Court decision.<sup>4</sup> Now that  
53 section 503A has been amended by the Drug Quality and Security Act to remove the advertising,  
54 promotion, and solicitation provisions, the May 2002 CPG is no longer relevant, and it is  
55 necessary to explain FDA’s current thinking with regard to section 503A.  
56

57 FDA is withdrawing the May 2002 CPG, entitled, *Pharmacy Compounding*, and the November  
58 1998 guidance for industry entitled, *Enforcement Policy During Implementation of Section 503A*  
59 *of the Federal Food, Drug, and Cosmetic Act*. FDA had not formally withdrawn the 1998  
60 guidance when the 2002 CPG was issued, but has now done so in the *Federal Register* notice  
61 announcing the availability of this guidance.  
62  
63  
64

---

<sup>2</sup> Section 503A of the FD&C Act and this guidance do not apply to positron emission tomography (PET) drugs as defined in section 201(ii) of the FD&C Act or radiopharmaceuticals (see section 503A(e) of the FD&C Act). Section 503A(e) specifically states that section 503A does not apply to radiopharmaceuticals or to PET drugs as defined in section 201(ii). PET drugs are subject to the current good manufacturing practice requirements of 21 CFR part 212. Section 503A also does not apply to drugs intended for use in animals. The statutory and regulatory provisions governing the compounding of human drug products differ from those governing the compounding of animal drug products. All relevant statutory and regulatory requirements relating to the compounding of animal drug products remain in effect, subject to the requirements of section 512 of the FD&C Act (21 U.S.C. 360b) and 21 Code of Federal Regulations (CFR) part 530.

<sup>3</sup> See *Thompson v. Western States Med. Ctr.*, 535 U.S. 357 (2002).

<sup>4</sup> See 67 Fed. Reg. 39409 (June 7, 2002).

## ***Contains Nonbinding Recommendations***

*Draft — Not for Implementation*

### **65 III. POLICY**

66  
67 A drug product intended for use in humans that is compounded in compliance with section 503A  
68 and its associated regulations is exempt from the requirements in sections 501(a)(2)(B),  
69 502(f)(1), and 505 of the FD&C Act. All other applicable provisions of the FD&C Act remain in  
70 effect for compounded drugs, however, even if the conditions of section 503A are met.

71  
72 FDA expects State boards of pharmacy to continue their oversight and regulation of the practice  
73 of pharmacy, including traditional pharmacy compounding. FDA also intends to continue to  
74 cooperate with State authorities to address pharmacy activities that may be violative of the  
75 FD&C Act, including section 503A. FDA's enforcement approach with respect to such  
76 violations is described in section IV.C., below.

#### **77 78 A. Conditions of Section 503A**

79  
80 Under section 503A of the FD&C Act, a compounded drug product is exempt from sections  
81 501(a)(2)(B), 502(f)(1), and 505 of the FD&C Act if it meets the conditions of section 503A of  
82 the FD&C Act. Specifically, the compounded drug product qualifies for the exemptions if:

- 83
- 84 1. The drug product is compounded for an identified individual patient based on the receipt  
85 of a valid prescription order, or a notation, approved by the prescribing practitioner, on  
86 the prescription order that a compounded product is necessary for the identified patient  
87 (section 503A(a) of the FD&C Act).  
88
  - 89 2. The compounding of the drug product is performed:  
90
    - 91 • By a licensed pharmacist in a State licensed pharmacy or a Federal facility, or by a  
92 licensed physician on the prescription order for an individual patient made by a  
93 licensed physician or other licensed practitioner authorized by State law to prescribe  
94 drugs; or
    - 95 • By a licensed pharmacist or licensed physician in limited quantities before the receipt  
96 of a valid prescription order for such individual patient when:  
97
      - 98 – the licensed pharmacist or licensed physician has historically received valid  
99 prescription orders for the compounding of the human drug product and
      - 100 – the orders have been generated solely within an established relationship between  
101 the licensed pharmacist or licensed physician and either the patient for whom the  
102 prescription order will be provided or the physician or other licensed practitioner  
103 who will write such prescription order (sections 503A(a)(1) and (2) of the FD&C  
104 Act).

## ***Contains Nonbinding Recommendations***

*Draft — Not for Implementation*

105 3. The drug product is compounded in compliance with the United States Pharmacopoeia  
106 (USP) chapters on pharmacy compounding<sup>5</sup> using bulk drug substances, as defined in 21  
107 CFR 207.3(a)(4), that comply with the standards of an applicable USP or National  
108 Formulary (NF) monograph, if one exists.

109  
110 If such a monograph does not exist, the drug substance(s) must be a component of an  
111 FDA-approved human drug product. If a monograph does not exist and the drug  
112 substance is not a component of an FDA-approved human drug product, it must appear  
113 on a list of bulk drug substances for use in compounding developed by FDA through  
114 regulation (section 503A(b)(1)(A)(i) of the FD&C Act). See section III.B.2 below for the  
115 interim policy for this provision.

116  
117 4. The drug product is compounded using bulk drug substances that are manufactured by an  
118 establishment that is registered under section 510 of the FD&C Act (including a foreign  
119 establishment that is registered under section 510(i) of the FD&C Act) (section  
120 503A(b)(1)(A)(ii) of the FD&C Act).

121  
122 5. The drug product is compounded using bulk drug substances that are accompanied by  
123 valid certificates of analysis for each bulk drug substance (section 503A(b)(1)(A)(iii) of  
124 the FD&C Act).

125  
126 6. The drug product is compounded using ingredients (other than bulk drug substances) that  
127 comply with the standards of an applicable USP or NF monograph, if one exists, and the  
128 USP chapters on pharmacy compounding<sup>6</sup> (section 503A(b)(1)(B) of the FD&C Act).

129  
130 7. The drug product does not appear on the list, published at 21 CFR 216.24, that includes  
131 drug products that have been withdrawn or removed from the market because such drug  
132 products or components of such drug products have been found to be unsafe or not  
133 effective (section 503A(b)(1)(C) of the FD&C Act). See section III.B.1 below.

134  
135 8. The licensed pharmacist or licensed physician does not compound regularly or in  
136 inordinate amounts any drug products that are essentially copies of commercially  
137 available drug products (section 503A(b)(1)(D) of the FD&C Act).

138  
139 9. The drug product is not a drug product identified by FDA by regulation as a drug product  
140 that presents demonstrable difficulties for compounding that reasonably demonstrate an  
141 adverse effect on the safety or effectiveness of that drug product (section 503A(b)(3)(A)  
142 of the FD&C Act). See section III.B.3 below.

143

---

<sup>5</sup> After the Modernization Act was enacted in 1997, the USP moved its chapter on pharmacy compounding to chapter <795> and added chapter <797>, which specifically addresses sterile compounding and is referenced in chapter <795>.

<sup>6</sup> *Id.*

## ***Contains Nonbinding Recommendations***

*Draft — Not for Implementation*

- 144 10. The drug product is compounded in a State that has entered into a memorandum of  
145 understanding (MOU) with FDA that addresses the distribution of inordinate amounts of  
146 compounded drug products interstate and provides for appropriate investigation by a  
147 State agency of complaints relating to compounded drug products distributed outside  
148 such State; or in States that have not entered into such an MOU with FDA, the licensed  
149 pharmacist, licensed pharmacy, or licensed physician does not distribute, or cause to be  
150 distributed, compounded drug products out of the State in which they are compounded,  
151 more than 5% of the total prescription orders dispensed or distributed by such pharmacy  
152 or physician (sections 503A(b)(3)(B)(i) & (ii) of the FD&C Act). See section III.B.4  
153 below for the interim policy for this provision.

### **B. Provisions of Section 503A That Require Regulations or Other FDA Actions**

155 Specific sections of 503A of the FD&C Act require rulemaking or other action by FDA. FDA's  
156 policy related to these specific sections is described below.

#### *1. Withdrawn or Removed List*

161 FDA promulgated a final rule, codified at 21 CFR 216.24, which lists drug products that may not  
162 be compounded because they have been withdrawn or removed from the market because the  
163 drug products or components of the drug products have been found to be unsafe or not effective.  
164 ***FDA intends to update this list periodically, and expects compounders to comply with the list  
165 as it currently exists and with any updates.***

#### *2. Bulk Drug Substances List*

169 Section 503A(b)(1)(A)(i)(III) of the FD&C Act provides that a drug product may be  
170 compounded using bulk drug substances that do not have an applicable USP or NF monograph  
171 (section 503A(b)(1)(A)(i)(I) of the FD&C Act) and are not components of FDA-approved drugs  
172 (section 503A(b)(1)(A)(i)(II) of the FD&C Act) if the bulk drug substances appear on a list  
173 developed by FDA and issued through regulation.

175 In the *Federal Register* of April 7, 1998 (63 Fed. Reg. 17011), FDA invited all interested persons  
176 to nominate bulk drug substances for inclusion on the list. In the *Federal Register* of January 7,  
177 1999 (64 Fed. Reg. 996), FDA published a proposed rule listing bulk drug substances that may  
178 be used in pharmacy compounding. FDA intends to reconsider the bulk drug substances that  
179 were proposed for inclusion on the list and that do not have an applicable USP or NF monograph  
180 due to the time lapse since the last proposal. Therefore, FDA plans to seek additional  
181 nominations and propose an updated list.

183 Until a bulk drug substances list is published in the *Federal Register* as a final rule, human drug  
184 products should be compounded only using bulk drug substances that are components of drugs  
185 approved under section 505 of the FD&C Act, or are the subject of USP or NF monographs.

#### *3. "Demonstrable Difficulties" for Compounding*

## ***Contains Nonbinding Recommendations***

*Draft — Not for Implementation*

189  
190 Under section 503A(b)(3)(A) of the FD&C Act, a compounded drug product would not qualify  
191 for the exemptions provided in subsection (a) if it is identified by FDA through regulation as a  
192 drug product that presents demonstrable difficulties for compounding that reasonably  
193 demonstrate an adverse effect on the safety or effectiveness of the drug product. This provision  
194 is not enforceable until FDA promulgates an implementing regulation.

### 195 196 4. *Memorandum of Understanding Between FDA and the States*

197  
198 Section 503A(b)(3) of the FD&C Act states that FDA, in consultation with the National  
199 Association of Boards of Pharmacy (NABP) will develop a standard MOU for use between FDA  
200 and the States that will address the interstate distribution of inordinate amounts of compounded  
201 drug products and provide for appropriate investigation by a State agency of complaints relating  
202 to compounded drug products distributed outside that State. On January 21, 1999, FDA  
203 published a notice in the *Federal Register* announcing the availability of a draft standard MOU,  
204 developed in consultation with the NABP. This draft MOU was not finalized. FDA intends to  
205 publish a new draft MOU for comment that will replace the January 1999 draft.

206  
207 Under section 503A(b)(3)(B)(ii), an individual or firm in a State that does not enter into an MOU  
208 with FDA that distributes, or causes to be distributed, compounded drug products out of the State  
209 in which they are compounded, can compound for interstate distribution outside the state only  
210 5% of the total prescription orders dispensed or distributed by the individual or firm. FDA does  
211 not intend to enforce the 5% limit on interstate distribution until 90 days after FDA has finalized  
212 an MOU and made it available to the States for their consideration and signature.

213  
214

## 215 **IV. GUIDANCE ON REGULATORY ACTION**

### 216 217 **A. Requirements Applicable to Drug Products That Meet the Conditions of Section** 218 **503A**

219  
220 As stated above, a compounded drug product intended for use in humans that meets the  
221 conditions of section 503A of the FD&C Act and its associated regulations is exempt from the  
222 requirements under sections 501(a)(2)(B), 502(f)(1), and 505 of the FD&C Act.

223  
224 However, individuals and firms may be subject to a warning letter, seizure of product, injunction,  
225 and/or criminal prosecution for violations of other requirements of the FD&C Act. Such  
226 violations may include, but are not limited to, the following:

- 227
- 228 1. The drug product must not consist in whole or in part of any filthy, putrid, or decomposed  
229 substance, or be prepared, packed, or held under insanitary conditions whereby it may  
230 have been contaminated with filth or whereby it may have been rendered injurious to  
231 health. (Sections 501(a)(1) and (a)(2)(A) of the FD&C Act)

232

## ***Contains Nonbinding Recommendations***

*Draft — Not for Implementation*

- 233 2. If the drug product purports to be a drug that is recognized in an official compendium, its  
234 strength must not differ from, and its quality or purity must not fall below, the standards  
235 set forth in the compendium, unless the difference is plainly stated on its label. (Section  
236 501(b) of the FD&C Act)  
237
- 238 3. For a drug product not subject to section 501(b) of the FD&C Act, the drug’s strength  
239 must not differ from, and its quality or purity must not fall below, that which it purports  
240 to have. (Section 501(c) of the FD&C Act)  
241
- 242 4. If the drug product purports to be a drug that is recognized in an official compendium, it  
243 must be packaged and labeled as prescribed in the compendium. (Section 502(g) of the  
244 FD&C Act)  
245
- 246 5. The drug product’s labeling, advertising, and promotion must not be false or misleading.  
247 (Sections 502(a), 502(bb), and 201(n) of the FD&C Act)  
248

### **B. Enforcement Action When a Drug Does Not Meet the Conditions of Section 503A**

249  
250  
251 If FDA determines that an individual or firm compounds a drug product that does not meet the  
252 conditions of section 503A, then in addition to the violations listed above in section IV.A., the  
253 individual or firm that compounds the drug product may also be subject to a warning letter,  
254 seizure of product, injunction, and/or criminal prosecution for violations of sections  
255 501(a)(2)(B), 502(f)(1), and 505 of the FD&C Act.<sup>7</sup> Such violations may include, but are not  
256 limited to, the following:  
257

#### *1. Producing Adulterated Drugs*

258  
259  
260 In accordance with section 501(a)(2)(B) of the FD&C Act and 21 CFR parts 210 and 211, the  
261 methods used in, and the facilities and controls used for, the manufacture, processing, packing,  
262 and holding of a drug must conform with current good manufacturing practice (CGMP)  
263 requirements. If an individual or firm compounds any drug products that do not meet the  
264 conditions of section 503A of the FD&C Act, those drug products would be subject to CGMP  
265 requirements.  
266

#### *2. Producing Unapproved New Drugs*

267  
268  
269 In accordance with section 505(a) of the FD&C Act, an individual or firm must not introduce or  
270 deliver for introduction into interstate commerce any new drug unless an approved NDA or  
271 ANDA is in effect for that drug product. If an individual or firm compounds any drug products  
272 that do not meet the conditions of section 503A of the FD&C Act, those drug products would be  
273 subject to the new drug approval requirements.

---

<sup>7</sup> See *Medical Ctr. Pharm. v. Mukasey*, 536 F.3d 383, 405 (5th Cir. 2008) (“compounded drugs are in fact ‘new drugs’ as defined by [21 U.S.C.] § 321(p) but are exempt from the requirements of [21 U.S.C.] §§ 351(a)(2)(B), 352(f)(1), and 355 if and only if they comply with the conditions set forth in [21 U.S.C.] § 353a.”).

## ***Contains Nonbinding Recommendations***

*Draft — Not for Implementation*

274  
275  
276  
277  
278  
279  
280  
281  
282  
283  
284  
285  
286  
287  
288  
289  
290  
291  
292  
293  
294

### ***3. Misbranded Drugs***

In accordance with section 502(f)(1) of the FD&C Act and 21 CFR part 201.5, drug products that are not labeled with adequate directions for use are misbranded. If an individual or firm compounds any drug products that do not meet the conditions of section 503A of the FD&C Act, those drug products would be subject to the requirements for adequate directions for use.

In addition to sections 501(a)(2)(B), 502(f)(1), and 505 of the FD&C Act, an individual or firm that compounds any drug products that do not meet the conditions of section 503A of the FD&C Act would be subject to the requirements listed in section IV.A, above, as well as other requirements of the FD&C Act and FDA regulations.

### **C. Enforcement Approach**

Generally, FDA expects to employ a risk-based enforcement approach with respect to violative compounded drugs, giving the highest enforcement priority to compounded drugs and violations of the FD&C Act and FDA regulations that pose the greatest public health risks. However, FDA emphasizes that it need not identify a particular safety problem before pursuing enforcement action.