

AMENDMENT NO. _____ Calendar No. _____

Purpose: In the nature of a substitute.

IN THE SENATE OF THE UNITED STATES—113th Cong., 1st Sess.

S. 959

A bill to amend the Federal Food, Drug, and Cosmetic Act with respect to compounding drugs.

Referred to the Committee on _____ and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT IN THE NATURE OF A SUBSTITUTE intended to be proposed by _____

Viz:

1 Strike all after the enacting clause and insert the fol-
2 lowing:

3 **SECTION 1. SHORT TITLE; REFERENCES IN ACT.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Pharmaceutical Compounding Quality and Account-
6 ability Act”.

7 (b) REFERENCES IN ACT.—Except as otherwise spec-
8 ified, amendments made by this Act to a section or other
9 provision of law are amendments to such section or other
10 provision of the Federal Food, Drug, and Cosmetic Act
11 (21 U.S.C. 301 et seq.).

1 **SEC. 2. REGULATION OF HUMAN DRUG COMPOUNDING.**

2 (a) CLARIFICATION OF NEW DRUG STATUS.—For
3 purposes of the Federal Food, Drug and Cosmetic Act (21
4 U.S.C. 301 et seq.), the term “new drug” (as defined in
5 section 201(p) of such Act) shall include a compounded
6 human drug.

7 (b) REGULATION OF HUMAN DRUG
8 COMPOUNDING.—Section 503A (21 U.S.C. 353a) is
9 amended to read as follows:

10 **“SEC. 503A. HUMAN DRUG COMPOUNDING.**

11 “(a) SCOPE.—

12 “(1) COMPOUNDING.—In this section, the terms
13 ‘compounding’ and ‘compound’—

14 “(A) include—

15 “(i) the combining, admixing, mixing,
16 diluting, reconstituting, or otherwise alter-
17 ing of a marketed drug;

18 “(ii) compounding a drug from a bulk
19 drug substance; and

20 “(iii) repackaging; and

21 “(B) exclude mixing, reconstituting, or
22 other such acts with respect to a marketed drug
23 that are limited to and performed in accordance
24 with specific directions for such acts contained
25 in approved labeling provided by a drug’s man-
26 ufacturer, when performed based upon a pre-

1 description order for an identified individual pa-
2 tient.

3 “(2) ADMINISTRATION NOT A SALE.—In this
4 section, the terms ‘sell’ or ‘resale’ do not include cir-
5 cumstances in which a licensed practitioner admin-
6 isters a drug to a patient or provides a drug to a
7 patient who has been instructed to self-administer
8 the drug, including any fee associated with such ad-
9 ministration or provision of the drug.

10 “(3) INAPPLICABILITY TO CERTAIN DRUGS.—

11 “(A) IN GENERAL.—For purposes of this
12 section, the activities described in paragraph
13 (1) shall not be considered ‘compounding’ if
14 such activities are conducted in whole or in part
15 with respect to a drug described in subpara-
16 graph (B).

17 “(B) EXCLUDED DRUGS.—The drugs de-
18 scribed in this subparagraph are the following:

19 “(i) Blood and blood components for
20 transfusion.

21 “(ii) Medical gases, as defined in sec-
22 tion 575(2).

23 “(4) ANIMAL DRUGS FOR HUMAN USE.—Noth-
24 ing in this section shall be construed to permit the

1 use of animal drugs in compounding a drug for
2 human use.

3 “(b) DEFINITIONS.—In this section:

4 “(1) COMPOUNDING MANUFACTURER.—

5 “(A) IN GENERAL.—The term
6 ‘compounding manufacturer’ means a facility at
7 one geographic location or address—

8 “(i) that compounds any sterile drug
9 without receiving a prescription order for
10 an identified individual patient for such
11 sterile drug prior to beginning
12 compounding, and distributes or offers to
13 sell such compounded sterile drug in inter-
14 state commerce; or

15 “(ii) that repackages any preservative-
16 free sterile drug or pools any sterile drugs,
17 except as provided in paragraph (9)(B).

18 “(B) EXCLUDED ACTIVITIES.—Notwith-
19 standing subparagraph (A)(ii), a facility shall
20 not be considered a compounding manufacturer
21 if such facility—

22 “(i) repackages drugs in accordance
23 with section 506F or the final guidance de-
24 scribed in section 506F(d) once the final
25 guidance is published; and

1 “(ii) does not otherwise meet the defi-
2 nition of compounding manufacturer under
3 subparagraph (A).

4 “(2) COMPOUNDING NUCLEAR PHARMACY.—
5 The term ‘compounding nuclear pharmacy’ means
6 an entity that—

7 “(A) is a State-licensed pharmacy or a
8 Federal facility;

9 “(B) holds a license currently in effect
10 from the Nuclear Regulatory Commission or
11 from a State pursuant to an agreement with
12 such commission under section 274 of the
13 Atomic Energy Act of 1954; and

14 “(C) does not compound other drugs that
15 would cause the entity to be a compounding
16 manufacturer described in paragraph (1)(A).

17 “(3) COPY.—The term ‘copy’ means an iden-
18 tical or nearly identical version of a drug.

19 “(4) POOLING; POOLS.—The terms ‘pooling’
20 and ‘pool’—

21 “(A) mean taking a single drug approved
22 under section 505 (other than a biological prod-
23 uct) from the container in which it is distrib-
24 uted by the original manufacturer and com-
25 bining it with the same drug from one or more

1 other containers without or before further ma-
2 nipulating the product (such as by diluting it or
3 mixing it with another, different drug or
4 drugs);

5 “(B) do not include combining the drug
6 from two or more separate containers of the
7 same drug when a single container of the drug
8 is not sufficient to prepare a dose for adminis-
9 tration to an individual patient; and

10 “(C) do not include combining a single
11 drug from two or more separate containers of
12 component products of a parenteral nutrition
13 product, if such pooling, and labeling and use
14 of the finished parenteral nutrition product,
15 comply with State pharmacy law.

16 “(5) PRACTITIONER.—The term ‘practitioner’
17 includes a physician or any other person that is au-
18 thorized to prescribe medication under State law.

19 “(6) RADIOACTIVE DRUG.—The term ‘radio-
20 active drug’—

21 “(A) means any substance defined as a
22 drug in section 201(g)(1) that exhibits sponta-
23 neous disintegration of unstable nuclei with the
24 emission of nuclear particles or photons and in-
25 cludes any nonradioactive reagent kit or nuclide

1 regenerator which is intended to be used in the
2 preparation of any such substance but does not
3 include drugs such as carbon-containing com-
4 pounds or potassium-containing salts which
5 contain trace quantities of naturally occurring
6 radionuclides; and

7 “(B) includes a ‘radioactive biological
8 product,’ which means a biological product
9 which is labeled with a radionuclide or intended
10 solely to be labeled with a radionuclide.

11 “(7) REPACKAGE OR REPACKAGING.—The term
12 ‘repackage’ or ‘repackaging’—

13 “(A) means taking a drug approved under
14 section 505 or licensed under section 351 of the
15 Public Health Service Act from the container in
16 which it is distributed by the original manufac-
17 turer and placing it in a different container of
18 the same or smaller size without further manip-
19 ulating the drug (such as by diluting it or mix-
20 ing it with another, different drug or drugs);
21 and

22 “(B) does not include removing the drug
23 from its original container for immediate ad-
24 ministration to a patient, such as withdrawing
25 a drug into a syringe for immediate injection or

1 filling a cassette for immediate use within a
2 drug delivery device.

3 “(8) STERILE DRUG.—The term ‘sterile drug’
4 means a drug that is—

5 “(A) intended for parenteral administra-
6 tion;

7 “(B) an ophthalmic or inhalation drug; or

8 “(C) required to be sterile under Federal
9 or State law.

10 “(9) TRADITIONAL COMPOUNDER.—

11 “(A) IN GENERAL.—The term ‘traditional
12 compounder’ means a facility operating pursu-
13 ant to State law—

14 “(i) wherein a drug is compounded
15 by—

16 “(I) a licensed pharmacist, in a
17 State-licensed pharmacy or a licensed
18 Federal facility; or

19 “(II) a licensed physician;

20 “(ii) that—

21 “(I) compounds a drug upon re-
22 ceipt of a prescription order for an
23 identified individual patient; or

24 “(II) compounds a drug in lim-
25 ited quantities before receipt of a pre-

1 prescription order for an identified indi-
2 vidual patient, if such compounding is
3 based on a history of the licensed
4 pharmacist or licensed physician re-
5 ceiving prescription orders for the
6 compounding of the drug, which or-
7 ders have been generated solely within
8 an established relationship between
9 the licensed pharmacist or licensed
10 physician and—

11 “(aa) such individual patient
12 for whom the prescription order
13 will be provided; or

14 “(bb) the licensed physician
15 or other licensed practitioner who
16 will write such prescription order;
17 and

18 “(iii) that does not meet the definition
19 of a compounding manufacturer under
20 paragraph (1).

21 “(B) EXCEPTIONS.—

22 “(i) HOSPITALS AND HEALTH SYS-
23 TEMS.—A pharmacy within a hospital or
24 health system shall be considered a tradi-
25 tional compounder if such pharmacy other-

1 wise meets the definition under subpara-
2 graph (A) and if, with respect to a drug
3 compounded by such pharmacy, the only
4 activity conducted by the pharmacy is to
5 dispense or administer such drug (which
6 may include interstate shipment) solely to
7 a patient of such hospital or health system.

8 “(ii) HEALTH SYSTEM DEFINED.—
9 For purposes of this subparagraph, the
10 term ‘health system’ means one or more
11 hospitals that are owned and operated by
12 the same entity and that share access to
13 databases with drug order information for
14 patients. A health system includes the in-
15 patient, outpatient, and ambulatory facili-
16 ties wholly owned by the health system.

17 “(c) EXEMPTIONS FROM CERTAIN REQUIRE-
18 MENTS.—

19 “(1) IN GENERAL.—Except as otherwise pro-
20 vided in paragraphs (2), (3), and (4), a compounded
21 drug shall be subject to all the requirements of this
22 Act applicable to new drugs.

23 “(2) DRUGS COMPOUNDED BY TRADITIONAL
24 COMPOUNDERS.—Sections 501(a)(2)(B), 502(f)(1),
25 and 505 of this Act and section 351 of the Public

1 Health Service Act shall not apply to a compounded
2 drug if such drug—

3 “(A) is compounded by a traditional
4 compounder that is in compliance with this sec-
5 tion; and

6 “(B) meets the requirements of this sec-
7 tion applicable to drugs compounded by tradi-
8 tional compounders.

9 “(3) DRUGS COMPOUNDED BY COMPOUNDING
10 MANUFACTURERS.—Sections 502(f)(1) and 505 of
11 this Act and section 351 of the Public Health Serv-
12 ice Act shall not apply to a compounded prescription
13 drug, if such prescription drug—

14 “(A) is compounded by a compounding
15 manufacturer—

16 “(i) that is not licensed as a phar-
17 macy in any State; and

18 “(ii) that is in compliance with this
19 section; and

20 “(B) meets the requirements of this sec-
21 tion applicable to drugs compounded by
22 compounding manufacturers.

23 “(4) DRUGS COMPOUNDED BY COMPOUNDING
24 NUCLEAR PHARMACIES.—Sections 501(a)(2)(B),
25 502(f)(1), and 505 of this Act and section 351 of

1 the Public Health Service Act shall not apply to a
2 compounded radioactive drug if such drug is com-
3 pounded—

4 “(A) by a licensed pharmacist in a
5 compounding nuclear pharmacy;

6 “(B) solely using a radioactive drug ap-
7 proved under section 505 or licensed under sec-
8 tion 351 of the Public Health Service Act, and
9 one or more ingredients in compliance with sub-
10 section (e)(1)(B); and

11 “(C) in compliance with the United States
12 Pharmacopoeia chapters on pharmacy
13 compounding.

14 “(d) DRUGS THAT MAY NOT BE COMPOUNDED.—

15 “(1) IN GENERAL.—The following drugs may
16 not be compounded:

17 “(A) DRUGS THAT ARE DEMONSTRABLY
18 DIFFICULT TO COMPOUND.—A drug or category
19 of drugs that presents demonstrable difficulties
20 for compounding, which may include a complex
21 dosage form or biological product, as designated
22 by the Secretary pursuant to paragraph (2).

23 “(B) MARKETED DRUGS.—A drug (other
24 than a biological product) that is a copy of a
25 marketed drug approved under 505 or a vari-

1 ation of such drug compounded from bulk drug
2 substances, except as provided in paragraph
3 (3).

4 “(C) BIOLOGICAL PRODUCTS.—A drug
5 that is a biological product, except as provided
6 in paragraph (4).

7 “(D) DRUGS SUBJECT TO RISK EVALUA-
8 TION AND MITIGATION STRATEGY.—A copy or
9 variation of a drug approved under section 505
10 or licensed under section 351 of the Public
11 Health Service Act that is the subject of a risk
12 evaluation and mitigation strategy approved
13 with elements to assure safe use pursuant to
14 section 505–1, except provided in paragraph
15 (5).

16 “(E) DRUGS REMOVED FOR SAFETY AND
17 EFFICACY.—A drug that appears on a list pub-
18 lished by the Secretary in the Federal Register
19 of drugs that have been withdrawn or removed
20 from the market because such drug or compo-
21 nents of such drug have been found to be un-
22 safe or not effective.

23 “(2) DRUGS THAT ARE DEMONSTRABLY DIF-
24 FICULT TO COMPOUND.—

1 “(A) IN GENERAL.—The Secretary may
2 promulgate a regulation that designates drugs
3 or categories of drugs that are demonstrably
4 difficult to compound that may not be com-
5 pounded, or that may be compounded only
6 under conditions specified by the Secretary.
7 Such regulation may include the designation of
8 drugs or categories of drugs that are complex
9 dosage forms or biological products, such as ex-
10 tended release products, metered dose inhalers,
11 transdermal patches, and sterile liposomal prod-
12 ucts.

13 “(B) INTERIM LIST.—

14 “(i) IN GENERAL.—Before the effec-
15 tive date of the regulation promulgated
16 under subparagraph (A), the Secretary
17 may designate drugs or categories of drugs
18 that present demonstrable difficulties for
19 compounding, which may include complex
20 dosage forms or biological products that
21 cannot be compounded, except under con-
22 ditions specified by the Secretary, by—

23 “(I) publishing a notice of such
24 drugs or categories of drugs proposed
25 for designation, including the ration-

1 ale for such designation, in the Fed-
2 eral Register;

3 “(II) providing a period of not
4 less than 60 days for comment on the
5 notice; and

6 “(III) publishing a notice in the
7 Federal Register designating such
8 drugs or categories of drugs that can-
9 not be compounded, including the ra-
10 tionale for such designation.

11 “(ii) SUNSET.—Any notice provided
12 under clause (i) shall cease to have force or
13 effect on the date that is 5 years after the
14 date of enactment of the Pharmaceutical
15 Compounding Quality and Accountability
16 Act or on the effective date of the final
17 regulation under subparagraph (A), which-
18 ever is earlier.

19 “(C) CONSULTATION WITH STAKE-
20 HOLDERS.—Prior to establishing the lists de-
21 scribed in this paragraph, the Secretary shall
22 consult with relevant stakeholders including
23 pharmacists, professional associations, patient
24 advocacy groups, manufacturers and physicians

1 about the need for the compounded drugs to be
2 included or excluded from the lists.

3 “(D) UPDATES TO DIFFICULT TO COM-
4 POUND LIST.—Five years after the effective
5 date of the regulation described in subpara-
6 graph (A), and every 5 years thereafter, the
7 Secretary shall publish a Federal Register no-
8 tice seeking public input about the need for the
9 compounded drugs to be included or excluded
10 from the list described in subparagraph (A).
11 Nothing in the previous sentence prohibits noti-
12 fications or submissions before or during any 5-
13 year period described under such sentence re-
14 garding the need for the compounded drugs to
15 be included or excluded from the list.

16 “(3) EXCEPTIONS REGARDING MARKETED
17 DRUGS.—

18 “(A) IN GENERAL.—A drug (other than a
19 biological product) that is a copy of a marketed
20 drug approved under 505, including variations
21 of such drug compounded from bulk drug sub-
22 stances, may be compounded only if—

23 “(i) the compounded variation pro-
24 duces for the patient a clinical difference
25 between the compounded drug and such

1 marketed drug, as determined by the pre-
2 scribing practitioner, and, prior to begin-
3 ning compounding such variation, the tra-
4 ditional compounder compounding the vari-
5 ation receives a prescription order for an
6 identified individual patient specifying that
7 the variation may be compounded; or

8 “(ii)(I) such marketed drug, at the
9 time of compounding a copy of such drug
10 and at the time of distribution of the com-
11 pounded drug, is on the drug shortage list
12 under section 506E, or in the Secretary’s
13 sole discretion, has otherwise been identi-
14 fied by the Secretary as in shortage such
15 as in a specific region or on a drug short-
16 age list maintained by a private party;

17 “(II) the facility compounding the
18 drug notifies the Secretary not later than
19 3 calendar days after beginning the
20 compounding; and

21 “(III) in the case of a compounding
22 manufacturer, the compounding manufac-
23 turer has registered under subsection
24 (g)(2) as an entity that intends to com-
25 pound pursuant to this paragraph and no-

1 tifies the Secretary at least 14 days prior
2 to beginning the compounding.

3 “(B) NOTICE WAIVER.—The Secretary
4 may waive a notice required under subpara-
5 graph (A)(ii)(II).

6 “(C) EXCLUSION.—For purposes of this
7 paragraph, repackaging a marketed drug ap-
8 proved under section 505 does not make the re-
9 packaged drug a copy of such marketed drug,
10 unless the repackaged drug is also a marketed
11 drug approved under section 505.

12 “(4) EXCEPTIONS REGARDING BIOLOGICAL
13 PRODUCTS.—

14 “(A) IN GENERAL.—A drug that is a vari-
15 ation of a licensed biological product may be
16 compounded only if—

17 “(i)(I) such compounded variation is
18 compounded solely using a licensed biologi-
19 cal product, or solely using a licensed bio-
20 logical product and one or more ingredi-
21 ents in compliance with subsection
22 (e)(1)(B); or

23 “(II) in the case of a licensed aller-
24 genic product, such variation is com-
25 pounded solely using one or more licensed

1 allergenic products, or solely using one or
2 more licensed allergenic products and one
3 or more ingredients in compliance with
4 subsection (e)(1)(B);

5 “(ii) such compounded variation pro-
6 duces for the patient a clinical difference
7 between such compounded variation and
8 the licensed biological product, as deter-
9 mined by—

10 “(I) the prescribing practitioner
11 (in the case of a variation com-
12 pounded by a traditional
13 compounder); or

14 “(II) a licensed practitioner re-
15 sponsible for the patient’s care in a
16 health care entity that provides med-
17 ical services through licensed practi-
18 tioners directly to patients (in the
19 case of a variation compounded by a
20 compounding manufacturer);

21 “(iii) prior to beginning
22 compounding—

23 “(I) except as provided in sub-
24 paragraph (B), the traditional
25 compounder receives a prescription

1 order for an identified individual pa-
2 tient specifying that the biological
3 product may be compounded for an
4 identified individual patient; or

5 “(II) the compounding manufac-
6 turer receives a duly authorized med-
7 ical order from a health care entity
8 that provides medical services through
9 licensed practitioners directly to pa-
10 tients, specifying that the biological
11 product may be compounded for an
12 identified patient or patients; and

13 “(iv) in the case of a radioactive bio-
14 logical product, the compounded variation
15 is compounded by a compounding nuclear
16 pharmacy in accordance with subsection
17 (b)(2).

18 “(B) SPECIAL RULE FOR PEDIATRIC
19 USES.—A traditional compounder that is a hos-
20 pital or health system may begin compounding
21 a drug that is a variation of a licensed biologi-
22 cal product prior to receiving a prescription
23 order as required under subparagraph (A)(iii)
24 if—

1 “(i) such compounded variation is a
2 diluted or repackaged variation of the li-
3 censed biological product for emergent use
4 in pediatric patients; and

5 “(ii) such compounded variation pro-
6 duces for the patient a clinical difference
7 between such compounded variation and
8 the licensed biological product, as deter-
9 mined by a licensed practitioner respon-
10 sible for the patient’s care in the hospital
11 or health system.

12 “(C) INAPPLICABILITY.—Clauses (ii) and
13 (iii) of subparagraph (A) shall not apply to a
14 compounded allergenic product.

15 “(5) REQUIREMENT FOR DRUGS THAT HAVE
16 RISK EVALUATION AND MITIGATION STRATEGIES.—

17 “(A) IN GENERAL.—A copy or variation of
18 a drug approved under section 505 or biological
19 product licensed under section 351 of the Pub-
20 lic Health Service Act that is the subject of a
21 risk evaluation and mitigation strategy ap-
22 proved with elements to assure safe use pursu-
23 ant to section 505–1, may be compounded only
24 if—

1 “(i) the entity compounding the copy
2 or variation receives a prescription order
3 for an identified individual patient speci-
4 fying that the drug or biological product
5 may be compounded; and

6 “(ii) the entity compounding the copy
7 or variation demonstrates to the Secretary,
8 prior to beginning compounding, that the
9 entity will utilize controls that are com-
10 parable to the controls applicable under
11 the relevant risk evaluation and mitigation
12 strategy for the approved drug or licensed
13 biological product.

14 “(B) EFFECT.—Nothing in this paragraph
15 shall be construed to permit compounding a
16 copy or variation of a drug other than as per-
17 mitted in paragraphs (3) and (4).

18 “(e) QUALITY OF DRUG INGREDIENTS.—

19 “(1) HUMAN DRUGS.—A traditional
20 compounder or a compounding manufacturer shall—

21 “(A) if compounding a drug from bulk
22 drug substances (as defined in regulations of
23 the Secretary published at section 207.3(a)(4)
24 of title 21, Code of Federal Regulations (or any

1 successor regulations)), use only bulk sub-
2 stances—

3 “(i) that—

4 “(I) comply with the standards of
5 an applicable United States Pharma-
6 copoeia or National Formulary mono-
7 graph, if a monograph exists and has
8 not been identified under paragraph
9 (2);

10 “(II) if such a monograph does
11 not exist, are drug substances that
12 are components of drugs approved by
13 the Secretary; or

14 “(III) if such a monograph does
15 not exist and the drug substance is
16 not a component of a drug approved
17 by the Secretary, that appear on a list
18 developed by the Secretary through
19 regulations issued by the Secretary;

20 “(ii) that are manufactured by an es-
21 tablishment that is registered under sec-
22 tion 510 (including a foreign establishment
23 that is registered under section 510(i));
24 and

1 “(iii) that are accompanied by valid
2 certificates of analysis for each specific lot
3 of bulk drug substance;

4 “(B) use ingredients (other than bulk drug
5 substances) that comply with the standards of
6 an applicable United States Pharmacopoeia or
7 National Formulary monograph, if a mono-
8 graph exists and has not been identified under
9 paragraph (2); and

10 “(C) in the case of a traditional
11 compounder, comply with the standards of the
12 United States Pharmacopoeia chapters on phar-
13 macy compounding.

14 “(2) IDENTIFICATION BY SECRETARY.—

15 “(A) IN GENERAL.—Notwithstanding the
16 existence of an applicable monograph under
17 subparagraph (A)(i)(I) or (B) of paragraph (1),
18 the Secretary may identify bulk substances that
19 the Secretary determines, based on public
20 health concerns, may not be used in
21 compounding a drug.

22 “(B) PROCEDURE.—In identifying the bulk
23 substances that may not be used in
24 compounding, the Secretary shall—

1 “(i) publish a notice of such bulk sub-
2 stances proposed for identification in the
3 Federal Register;

4 “(ii) provide a period of not less than
5 60 days for comment on the notice; and

6 “(iii) publish a notice in the Federal
7 Register identifying the bulk substances
8 that may not be used in compounding a
9 drug.

10 “(f) REQUIREMENTS REGARDING WHOLESALING
11 AND LABELING APPLICABLE TO TRADITIONAL
12 COMPOUNDERS AND COMPOUNDING MANUFACTURERS.—
13 A compounded drug—

14 “(1) may not be sold by an entity other than
15 the compounding manufacturer or traditional
16 compounder that compounded the drug;

17 “(2) compounded by a compounding manufac-
18 turer may not be sold to an entity other than a
19 health care entity that provides medical services
20 through licensed practitioners directly to patients, or
21 a network of such providers, except that a
22 compounding manufacturer may transfer without
23 profit a compounded sterile drug to a licensed phar-
24 macy if—

1 “(A) the licensed pharmacy falls under the
2 same corporate ownership as the compounding
3 manufacturer;

4 “(B) the transfer of such compounded
5 sterile drug is solely for the purpose of dis-
6 pensing the compounded sterile drug to the end
7 user, who has been instructed by the pre-
8 scribing physician to self-administer such com-
9 pounded sterile drug;

10 “(C) as of the date of enactment of the
11 Pharmaceutical Compounding Quality and Ac-
12 countability Act, the compounding manufac-
13 turer is an entity that provides pharmacy bene-
14 fits management services on behalf of a health
15 benefits plan;

16 “(D) the compounding manufacturer iden-
17 tifies itself to the Secretary upon registering
18 under subsection (g)(2) as an entity that quali-
19 fies for the exception under this paragraph, and
20 provides documentation of the compounding of
21 such drugs as of the date of enactment of the
22 Pharmaceutical Compounding Quality and Ac-
23 countability Act, in a manner described by the
24 Secretary; and

1 “(E) the compounding manufacturer re-
2 ceives confirmation from the Secretary that the
3 compounding manufacturer qualifies for the ex-
4 ception under this paragraph and the sterile
5 drug or drugs for which the exemption applies;
6 and

7 “(3) in the case of a compounded drug offered
8 for sale, shall be labeled ‘not for resale’.

9 “(g) OTHER REQUIREMENTS APPLICABLE TO
10 COMPOUNDING MANUFACTURERS.—

11 “(1) LICENSED PHARMACIST OVERSIGHT.—A
12 compounding manufacturer shall ensure that a phar-
13 macist licensed in the State where the compounding
14 manufacturer is located exercises direct supervision
15 over the operations of the compounding manufac-
16 turer.

17 “(2) REGISTRATION OF COMPOUNDING MANU-
18 FACTURERS AND REPORTING OF DRUGS.—

19 “(A) REGISTRATION OF COMPOUNDING
20 MANUFACTURERS.—

21 “(i) ANNUAL REGISTRATION.—During
22 the period beginning on October 1 and
23 ending on December 31 each year, each
24 compounding manufacturer shall register
25 with the Secretary its name, place of busi-

1 ness, and unique facility identifier (which
2 shall conform to the requirements for the
3 unique facility identifier established under
4 section 510), and a point of contact e-mail
5 address, and shall indicate whether the
6 compounding manufacturer intends to
7 compound drug in shortage pursuant to
8 subsection (d)(3)(A)(ii).

9 “(ii) NEW COMPOUNDING MANUFAC-
10 TURERS.—Each compounding manufac-
11 turer, upon first engaging in the oper-
12 ations described in subsection (b)(1), shall
13 immediately register with the Secretary
14 and provide the information described
15 under clause (i). The Secretary shall estab-
16 lish a timeline for registration for the first
17 year following the effective date of the
18 Pharmaceutical Compounding Quality and
19 Accountability Act. In no case may reg-
20 istration be required until at least 60 days
21 following publication of the timeline in the
22 Federal Register.

23 “(iii) AVAILABILITY OF REGISTRATION
24 FOR INSPECTION.—The Secretary shall
25 make available for inspection, to any per-

1 son so requesting, any registration filed
2 pursuant to this subparagraph.

3 “(B) DRUG REPORTING BY COMPOUNDING
4 MANUFACTURERS.—

5 “(i) IN GENERAL.—Each
6 compounding manufacturer who registers
7 with the Secretary under subparagraph (A)
8 shall submit to the Secretary, once during
9 the month of June of each year and once
10 during the month of December of each
11 year, a report—

12 “(I) identifying the drugs com-
13 pounded by such compounding manu-
14 facturer during the previous 6-month
15 period; and

16 “(II) with respect to each drug
17 identified under subclause (I), pro-
18 viding the active ingredient, the
19 source of such active ingredient, the
20 National Drug Code, if available,
21 number of the source drug or bulk ac-
22 tive ingredient, the strength of the ac-
23 tive ingredient per unit, the dosage
24 form and route of administration, the
25 package description, the number of in-

1 dividual units produced, the National
2 Drug Code number of the final prod-
3 uct, if assigned, and which conforms
4 to other applicable requirements iden-
5 tified by the Secretary in accordance
6 with clause (ii).

7 “(ii) FORM.—Each report under
8 clause (i) shall be prepared in such form
9 and manner as the Secretary may pre-
10 scribe by regulation or guidance.

11 “(iii) CONFIDENTIALITY.—Reports
12 submitted pursuant to this subparagraph
13 shall be exempt from inspection under sub-
14 paragraph (A)(iii), unless the Secretary
15 finds that such an exemption would be in-
16 consistent with the protection of the public
17 health.

18 “(C) ELECTRONIC REGISTRATION AND RE-
19 PORTING.—Registrations and drug reporting
20 under this paragraph (including the submission
21 of updated information) shall be submitted to
22 the Secretary by electronic means unless the
23 Secretary grants a request for waiver of such
24 requirement because use of electronic means is
25 not reasonable for the person requesting waiver.

1 “(D) RISK-BASED INSPECTION FRE-
2 QUENCY.—

3 “(i) IN GENERAL.—Compounding
4 manufacturers shall be subject to inspec-
5 tion pursuant to section 704.

6 “(ii) RISK-BASED SCHEDULE.—The
7 Secretary, acting through one or more offi-
8 cers or employees duly designated by the
9 Secretary, shall inspect compounding man-
10 ufacturers described in clause (i) in accord-
11 ance with a risk-based schedule established
12 by the Secretary.

13 “(iii) RISK FACTORS.—In establishing
14 the risk-based schedule under clause (ii),
15 the Secretary shall inspect compounding
16 manufacturers according to the known
17 safety risks of such compounding manufac-
18 turers, which shall be based on the fol-
19 lowing factors:

20 “(I) The compliance history of
21 the compounding manufacturer.

22 “(II) The record, history, and na-
23 ture of recalls linked to the
24 compounding manufacturer.

1 “(I) an event occurring in the
2 course of the use of the drug in pro-
3 fessional practice;

4 “(II) an event occurring from an
5 overdose of the drug, whether acci-
6 dental or intentional;

7 “(III) an event occurring from
8 abuse of the drug;

9 “(IV) an event occurring from
10 withdrawal of the drug; and

11 “(V) any failure of expected
12 pharmacological action of the drug.

13 “(ii) SERIOUS ADVERSE EVENT.—The
14 term ‘serious adverse event’ means an ad-
15 verse event that—

16 “(I) results in—

17 “(aa) death;

18 “(bb) an adverse drug event
19 that places the patient at imme-
20 diate risk of death from the ad-
21 verse drug event as it occurred
22 (not including an adverse drug
23 event that might have caused
24 death had it occurred in a more
25 severe form);

1 “(cc) inpatient hospitaliza-
2 tion or prolongation of existing
3 hospitalization;

4 “(dd) a persistent or signifi-
5 cant incapacity or substantial
6 disruption of the ability to con-
7 duct normal life functions; or

8 “(ee) a congenital anomaly
9 or birth defect; or

10 “(II) based on appropriate med-
11 ical judgment, may jeopardize the pa-
12 tient and may require a medical or
13 surgical intervention to prevent an
14 outcome described in subclause (I).

15 “(B) REPORTS.—

16 “(i) ADVERSE EVENT REPORTING RE-
17 QUIREMENT.—

18 “(I) 15-DAY REPORT.—If a
19 compounding manufacturer becomes
20 aware of any serious adverse event,
21 such manufacturer shall submit re-
22 ports of each instance to the Sec-
23 retary as soon as practicable, but in
24 no case later than 15 calendar days
25 after the initial receipt of the applica-

1 ble information. Such manufacturer
2 shall investigate and submit to the
3 Secretary followup reports for each
4 such instance not later than 15 cal-
5 endar days after receipt of new infor-
6 mation or as requested by the Sec-
7 retary. Unless and until the Secretary
8 establishes the content and format of
9 adverse event reports by guidance or
10 regulation, reports shall be submitted
11 in accordance with the content and
12 format requirements under section
13 310.305 of title 21, Code of Federal
14 Regulations (or any successor regula-
15 tions) or section 600.80 of title 21,
16 Code of Federal Regulations (or any
17 successor regulations).

18 “(II) ANNUAL REPORT.—
19 Compounding manufacturers that re-
20 port serious adverse events shall sub-
21 mit in December of each year a nar-
22 rative summary of any analysis of
23 each report submitted under subclause
24 (I), including a history of actions
25 taken during the year because of each

1 report, using the content, format, and
2 manner established by the Secretary
3 by guidance or regulation. Until such
4 time as the Secretary publishes such
5 guidance or regulation, each
6 compounding manufacturer shall re-
7 tain such summaries as part of the
8 records to be maintained in accord-
9 ance with subparagraph (C).

10 “(ii) PRODUCT QUALITY REPORTING
11 REQUIREMENT.—Not later than 3 calendar
12 days after the compounding manufacturer
13 becomes aware of information pertaining
14 to sterility, stability, or other product qual-
15 ity concerns that could result in serious
16 adverse events, the compounding manufac-
17 turer shall submit to the Secretary a prod-
18 uct quality report, in a form and manner
19 established by the Secretary by guidance or
20 regulation.

21 “(C) MAINTENANCE OF RECORDS.—A
22 compounding manufacturer shall maintain for a
23 period of 10 years records of all serious adverse
24 drug events known to the compound manufac-
25 turer in accordance with section 314.80(i) of

1 title 21, Code of Federal Regulations (or any
2 successor regulation), or as otherwise directed
3 by the Secretary in regulations.

4 “(4) LABELING OF DRUGS.—

5 “(A) LABEL.—The label of a drug com-
6 pounded by a compounding manufacturer shall
7 include—

8 “(i) the statement ‘This is a com-
9 pounded drug.’ or a reasonable comparable
10 alternative statement (as specified by the
11 Secretary) that prominently identifies the
12 drug as a compounded drug;

13 “(ii) the name, address, and phone
14 number of the applicable compounding
15 manufacturer; and

16 “(iii) with respect to the compounded
17 drug—

18 “(I) the lot or batch number;

19 “(II) the established name of the
20 medication;

21 “(III) the dosage form and
22 strength;

23 “(IV) the statement of quantity
24 or volume, as appropriate;

1 “(ii) the following information to fa-
2 cilitate adverse event reporting:
3 www.fda.gov/medwatch and 1-800-FDA-
4 1088; and

5 “(iii) the directions for use, including,
6 as appropriate, dosage and administration.

7 “(C) ADDITIONAL INFORMATION.—The
8 label and labeling of a drug compounded by a
9 compounding manufacturer shall include any
10 other information as determined necessary and
11 specified in regulations promulgated by the Sec-
12 retary.

13 “(h) COMPOUNDING MANUFACTURER ESTABLISH-
14 MENT AND REINSPECTION FEES.—

15 “(1) DEFINITIONS.—In this subsection—

16 “(A) the term ‘affiliate’ has the meaning
17 given such term in section 735(11);

18 “(B) the term ‘gross annual sales’ means
19 the total worldwide gross annual sales, in
20 United States dollars, for a compounding man-
21 ufacturer, including the sales of all the affiliates
22 of the compounding manufacturer; and

23 “(C) the term ‘reinspection’ means, with
24 respect to a compounding manufacturer, 1 or
25 more inspections conducted under section 704

1 subsequent to an inspection conducted under
2 such provision which identified noncompliance
3 materially related to an applicable requirement
4 of this Act, specifically to determine whether
5 compliance has been achieved to the Secretary's
6 satisfaction.

7 “(2) ESTABLISHMENT AND REINSPECTION
8 FEES.—

9 “(A) IN GENERAL.—For fiscal year 2015
10 and each subsequent fiscal year, the Secretary
11 shall, in accordance with this subsection, assess
12 and collect—

13 “(i) an annual establishment fee from
14 each compounding manufacturer; and

15 “(ii) a reinspection fee from each
16 compounding manufacturer subject to a re-
17 inspection in such fiscal year.

18 “(B) MULTIPLE REINSPECTIONS.—A
19 compounding manufacturer subject to multiple
20 reinspections in a fiscal year shall be subject to
21 a reinspection fee for each reinspection.

22 “(3) ESTABLISHMENT AND REINSPECTION FEE
23 SETTING.—The Secretary shall establish the estab-
24 lishment and reinspection fee to be collected under
25 this subsection for each fiscal year, based on the

1 methodology described in paragraph (4) and shall
2 publish such fee in a Federal Register notice not
3 later than 60 days before the start of each such
4 year.

5 “(4) AMOUNT OF ESTABLISHMENT FEE AND
6 REINSPECTION FEE.—

7 “(A) IN GENERAL.—For each
8 compounding manufacturer in a fiscal year—

9 “(i) except as provided in subpara-
10 graph (D), the amount of the annual es-
11 tablishment fee under paragraph (2) shall
12 be equal to the sum of—

13 “(I) \$15,000, multiplied by the
14 inflation adjustment factor described
15 in subparagraph (B); plus

16 “(II) the small business adjust-
17 ment factor described in subpara-
18 graph (C); and

19 “(ii) the amount of any reinspection
20 fee (if applicable) under paragraph (2)
21 shall be equal to \$15,000, multiplied by
22 the inflation adjustment factor described in
23 subparagraph (B).

24 “(B) INFLATION ADJUSTMENT FACTOR.—

1 “(i) IN GENERAL.—For fiscal year
2 2015 and subsequent fiscal years, the fee
3 amounts established in subparagraph (A)
4 shall be adjusted by the Secretary by no-
5 tice, published in the Federal Register, for
6 a fiscal year by the amount equal to the
7 sum of—

8 “(I) one;

9 “(II) the average annual percent
10 change in the cost, per full-time equiv-
11 alent position of the Food and Drug
12 Administration, of all personnel com-
13 pensation and benefits paid with re-
14 spect to such positions for the first 3
15 years of the preceding 4 fiscal years,
16 multiplied by the proportion of per-
17 sonnel compensation and benefits
18 costs to total costs of an average full-
19 time equivalent position of the Food
20 and Drug Administration for the first
21 3 years of the preceding 4 fiscal
22 years; and

23 “(III) the average annual percent
24 change that occurred in the Consumer
25 Price Index for urban consumers

1 (U.S. City Average; Not Seasonally
2 Adjusted; All items; Annual Index) for
3 the first 3 years of the preceding 4
4 years of available data multiplied by
5 the proportion of all costs other than
6 personnel compensation and benefits
7 costs to total costs of an average full-
8 time equivalent position of the Food
9 and Drug Administration for the first
10 3 years of the preceding 4 fiscal
11 years.

12 “(ii) COMPOUNDED BASIS.—The ad-
13 justment made each fiscal year under
14 clause (i) shall be added on a compounded
15 basis to the sum of all adjustments made
16 each fiscal year after fiscal year 2014
17 under clause (i).

18 “(C) SMALL BUSINESS ADJUSTMENT FAC-
19 TOR.—The small business adjustment factor re-
20 ferred to subparagraph (A)(i)(II) shall be an
21 amount established by the Secretary for each
22 fiscal year based on the Secretary’s estimate
23 of—

1 “(i) the number of small businesses
2 that will pay a reduced establishment fee
3 for such fiscal year; and

4 “(ii) the adjustment to the establish-
5 ment fee necessary to achieve total fees
6 equaling the total fees that the Secretary
7 would have collected if no entity qualified
8 for the small business exception in sub-
9 paragraph (D).

10 “(D) EXCEPTION FOR SMALL BUSI-
11 NESSES.—

12 “(i) IN GENERAL.—In the case of a
13 compounding manufacturer with gross an-
14 nual sales of \$1,000,000 or less in the 12
15 months ending April 1 of the fiscal year
16 immediately preceding the fiscal year in
17 which the fees under this subsection are
18 assessed, the amount of the establishment
19 fee under paragraph (2) for a fiscal year
20 shall be equal to $\frac{1}{3}$ of the amount cal-
21 culated under subparagraph (A)(i)(I) in
22 such fiscal year.

23 “(ii) APPLICATION.—To qualify for
24 the exception under this subparagraph, a
25 small business shall submit to the Sec-

1 retary a written request for such exception,
2 in a format specified by the Secretary in
3 guidance, certifying its gross annual sales
4 for the 12 months ending April 1 of the
5 fiscal year immediately preceding the fiscal
6 year in which fees under this subsection
7 are assessed. Any such application must be
8 submitted to the Secretary not later than
9 April 30 for the following fiscal year. Any
10 statement or representation made to the
11 Secretary shall be subject to section 1001
12 of title 18, United States Code.

13 “(E) CREDITING OF FEES.—In estab-
14 lishing the small business adjustment factor
15 under subparagraph (C) for a fiscal year, the
16 Secretary shall provide for the crediting of fees
17 from the previous year to the next year if the
18 Secretary overestimated the amount of the
19 small business adjustment factor for such pre-
20 vious fiscal year, and consider the need to ac-
21 count for any adjustment of fees and such other
22 factors as the Secretary determines appropriate.

23 “(5) USE OF FEES.—The Secretary shall make
24 all of the fees collected pursuant to clauses (i) and
25 (ii) of paragraph (2)(A) available solely to pay for

1 the costs of oversight of compounding manufactur-
2 ers.

3 “(6) SUPPLEMENT NOT SUPPLANT.—Funds re-
4 ceived by the Secretary pursuant to this subsection
5 shall be used to supplement and not supplant any
6 other Federal funds available to carry out the activi-
7 ties described in this section.

8 “(7) CREDITING AND AVAILABILITY OF FEES.—
9 Fees authorized under this subsection shall be col-
10 lected and available for obligation only to the extent
11 and in the amount provided in advance in appropria-
12 tions Acts. Such fees are authorized to remain avail-
13 able until expended. Such sums as may be necessary
14 may be transferred from the Food and Drug Admin-
15 istration salaries and expenses appropriation account
16 without fiscal year limitation to such appropriation
17 account for salaries and expenses with such fiscal
18 year limitation. The sums transferred shall be avail-
19 able solely for the purpose of paying the costs of
20 oversight of compounding manufacturers.

21 “(8) COLLECTION OF FEES.—

22 “(A) ESTABLISHMENT FEE.—A
23 compounding manufacturer shall remit the es-
24 tablishment fee due under this subsection in a

1 fiscal year when submitting a registration pur-
2 suant to subsection (g) for such fiscal year.

3 “(B) REINSPECTION FEE.—The Secretary
4 shall specify in the Federal Register notice de-
5 scribed in paragraph (3) the manner in which
6 reinspection fees assessed under this subsection
7 shall be collected and the timeline for payment
8 of such fees. Such a fee shall be collected after
9 the Secretary has conducted a reinspection of
10 the compounding manufacturer involved.

11 “(C) EFFECT OF FAILURE TO PAY FEES.—

12 “(i) REGISTRATION.—A compounding
13 manufacturer shall not be considered reg-
14 istered under subsection (g) in a fiscal year
15 until the date that the compounding manu-
16 facturer remits the establishment fee under
17 this subsection for such fiscal year.

18 “(ii) MISBRANDING.—All drugs manu-
19 factured, prepared, propagated, com-
20 pounded, or processed by a compounding
21 manufacturer for which any establishment
22 fee or reinspection fee has not been paid as
23 required by this subsection shall be deemed
24 misbranded under section 502(cc) until the

1 fees owed for such compounding manufac-
2 turer under this subsection have been paid.

3 “(D) COLLECTION OF UNPAID FEES.—In
4 any case where the Secretary does not receive
5 payment of a fee assessed under this subsection
6 within 30 days after it is due, such fee shall be
7 treated as a claim of the United States Govern-
8 ment subject to provisions of subchapter II of
9 chapter 37 of title 31, United States Code.

10 “(9) ANNUAL REPORT TO CONGRESS.—Not
11 later than 120 days after each fiscal year in which
12 fees are assessed and collected under this subsection,
13 the Secretary shall submit a report to the Com-
14 mittee on Health Education Labor and Pensions of
15 the Senate and the Committee on Energy and Com-
16 merce of the House of Representatives, to include a
17 description of fees assessed and collected for each
18 year, a summary description of entities paying the
19 fees, and the number of inspections and reinspec-
20 tions of such entities performed each year.

21 “(10) AUTHORIZATION OF APPROPRIATIONS.—
22 For fiscal year 2015 and each subsequent fiscal
23 year, there is authorized to be appropriated for fees
24 under this subsection an amount equivalent to the

1 total amount of fees assessed for such fiscal year
2 under this subsection.

3 “(i) ACTION BY SECRETARY REGARDING COM-
4 PLAINTS FROM STATE BOARDS OF PHARMACY.—

5 “(1) IDENTIFICATION OF COMPOUNDING MANU-
6 FACTURERS.—The Secretary shall encourage States
7 to identify to the Secretary facilities that are li-
8 censed by a State as a pharmacy that appear to be
9 entities that are required to be registered with the
10 Secretary as a compounding manufacturer.

11 “(2) DESIGNATION.—The Secretary shall des-
12 ignate a point of contact and establish a format and
13 procedure for a State Board of Pharmacy to notify
14 the Secretary if it appears to a State Board of Phar-
15 macy that an entity licensed by a State as a phar-
16 macy is required to be registered with the Secretary
17 as a compounding manufacturer.

18 “(3) DETERMINATION.—If the Secretary deter-
19 mines that such an entity described in paragraph (2)
20 is required to be registered with the Secretary as a
21 compounding manufacturer, the Secretary shall
22 transmit such determination to the State Board of
23 Pharmacy in the State in which the entity is located,
24 and to the State Board of Pharmacy in the notifying
25 State, if different, within 15 days of such determina-

1 tion and shall make such determination publicly
2 available on the Internet Web site of the Food and
3 Drug Administration.

4 “(4) EFFECT.—The Secretary shall encourage
5 direct communications between States regarding tra-
6 ditional compounders. Nothing in this subsection
7 shall expand the Secretary’s authority over or re-
8 sponsibility for traditional compounders.”.

9 (c) PROHIBITED ACT.—Section 301 (21 U.S.C. 331)
10 is amended—

11 (1) in subsection (e), by striking “417, 416,
12 504” and inserting “417, 416, 503A(g), 504”; and

13 (2) by adding at the end the following:

14 “(ccc)(1) The resale of a compounded drug that is
15 labeled ‘not for resale’ as required by section 503A.

16 “(2) The failure to register in accordance with sub-
17 section (g) of section 503A or the failure to submit a re-
18 port as required by subsection (g)(2)(B) or (g)(3) of such
19 section.”.

20 (d) REPORT BY GAO.—Not later than November 1,
21 2016, the Comptroller General of the United States shall
22 conduct a study and submit to Congress a report on the
23 safety of animal drug compounding and the availability
24 of safe and effective drugs for animals.

1 **SEC. 3. OTHER REQUIREMENTS RELATING TO**
2 **COMPOUNDING MANUFACTURERS.**

3 (a) LABELING.—Section 502 (21 U.S.C. 352) is
4 amended by adding at the end the following:

5 “(bb) If it is a compounded drug and (1) the labeling
6 does not include the information as required by sub-
7 sections (f)(3) and (g)(4) of section 503A, as applicable,
8 or (2) the labeling or advertising or promotion of such
9 drug is false or misleading in any particular.

10 “(cc) If it is a drug, and it was manufactured, pre-
11 pared, propagated, compounded, or processed by a
12 compounding manufacturer for which fees have not been
13 paid as required by section 503A(g).”.

14 (b) APPLICATION OF INSPECTION REQUIREMENTS TO
15 COMPOUNDING MANUFACTURERS.—Section 704(a)(2)
16 (21 U.S.C. 374(a)(2)) is amended by adding at the end
17 the following flush text:

18 “The exemption in subparagraph (A) does not apply with
19 respect to compounding manufacturers (as such term is
20 defined in section 503A).”.

21 **SEC. 4. IMPLEMENTATION.**

22 (a) CONSULTATION WITH STAKEHOLDERS.—In im-
23 plementing this section, the Secretary of Health and
24 Human Services shall consult with relevant stakeholders
25 including pharmacists, professional associations, patient
26 advocacy groups, manufacturers and physicians.

1 (b) REGULATIONS.—In promulgating any regulations
2 to implement this Act (and the amendments made by this
3 Act), the Secretary of Health and Human Services shall—

4 (1) issue a notice of proposed rulemaking that
5 includes the proposed regulation;

6 (2) provide a period of not less than 60 days
7 for comments on the proposed regulation; and

8 (3) publish the final regulation not more than
9 18 months following publication of the proposed rule
10 and not less than 30 days before the effective date
11 of such final regulation.

12 **SEC. 5. EFFECTIVE DATE.**

13 This Act (and the amendments made by this Act)
14 shall take effect on the date that is 1 year after the date
15 of enactment of this Act.