Comment Submission Template for:
General Chapter <797> Pharmaceutical Compounding—Sterile Preparations

Revision proposed in Pharmacopeial Forum 44(5) Sept. – Oct. 2018 2018
Submit online http://www.usp.org/compounding/general-chapter-797 November 30, 2018

Commenter's Name:	**Position:**	**Full Contact Details:**
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General Comments:

The American Society of Retina Specialists is the largest retinal organization in the world, representing over 3,000 members in all 50 US states, the District of Columbia, Puerto Rico, and 59 countries. The Society serves as a national advocate and primary source of clinical and scientific information and education for its members.

The ASRS supports an evidence-based approach to the development of compounding guidelines and shares USP's overall goal of decreasing the risk of mass casualties and patient harm. With those goals in mind, ASRS reiterates its previous recommendation to USP on maximum BUDs. In our comments on proposed revisions to Chapter <797> published in Pharmacopeial Forum 41(6) Nov/Dec 2015, we urged USP to keep the BUDs as written to allow for scientific evidence and product-specific testing to be used in the determination of maximum BUD. In this revision, however, USP continues to propose the one-size-fits all approach. The BUDs listed in revised Table 12 (BUDs for Category 2 CSPs) are still too restrictive for ophthalmic drops and injections. Although the BUDs are slightly longer than in the previous proposed revision, 45 days refrigerated/60 days frozen is still not sufficient to allow for compounding, sterility testing, and distribution. Making stock items such as cyclosporine and tacrolimus will be nearly impossible. The sterility tested BUD is so restrictive that some compounders may elect to avoid testing and just use the Non-Tested BUD (45 days frozen/4 days refrigerated).

ASRS stands by its comments on the previous draft and urges USP to stick with science for BUDs, i.e. allow for extension of the BUD when there is supporting evidence based on testing by the facility using approved methods or published in the scientific literature. This would keep the USP 797 guidelines in synchrony with FDA repackaging guidance which allows testing to determine BUDs. **We strongly recommend that USP abandon the one-size-fits-all approach and continue as is to allow for scientific evidence and product-specific testing to be used in the determination of maximum BUD.**

In addition, ASRS believes that The USP definition of compounding should exclude repackaging. This would be consistent with FDA definition of compounding (the process of combining, mixing, or altering two or more drugs).

Specific Comments:

Section(s)	Line Number(s)	Existing text: (Provide the proposed text.)	Suggested change: (Provide the revised suggestion to replace the existing text.)	Comment	Rationale / Scientific Evidence
1.1 Scope	Line 6; Lines 84-88	5 practices for sterile compounding. Sterile compounding is defined as 6 combining, admixing, diluting, pooling, reconstituting, repackaging, or 7 otherwise altering a drug or bulk drug substance to create a sterile 8 medication. ~~84 **Repackaging:** Repackaging of a sterile product or preparation from its~~ ~~85 original container into another container must be performed in accordance~~ ~~86 with the requirements in this chapter for CSPs. If there is evidence or~~ ~~87 documentation [e.g., Food and Drug Administration (FDA) Guidance] for a~~ ~~88 shorter beyond-use date (BUD), the shorter BUD must be used.~~	Delete text as below on lines 6 and 84-88: 6 combining, admixing, diluting, pooling, reconstituting, ~~repackaging~~, or ~~84 **Repackaging:** Repackaging of a sterile product or preparation from its~~ ~~85 original container into another container must be performed in accordance~~ ~~86 with the requirements in this chapter for CSPs. If there is evidence or~~ ~~87 documentation [e.g., Food and Drug Administration (FDA) Guidance] for a~~ ~~88 shorter beyond-use date (BUD), the shorter BUD must be used.~~	The USP definition of compounding should exclude repackaging which would be consistent with FDA definition of compounding (the process of combining, mixing, or altering two or more drugs).	Repackaging does not carry the same risks associated with combining, admixing, diluting, pooling, reconstituting or otherwise altering a drug or bulk drug substance and should not be included in the definition of compounding. The risks of repackaging are more similar to Allergenic extracts and should be treated in a similar manner to Allergenic extracts.

Section 12, Table 12	Line 1672 Table 12	See proposed Table 12	**Reinstate deleted section on** "Determining Beyond-Use Dates" to allow method of extending BUDs listed in Table 12 Table 12 should note that BUDs for biologics are addressed elsewhere (FDA Final Guidance on Mixing, Diluting or Repackaging Biological Products Outside the Scope of an Approved Biologics Application (January 2018) Section III. B. 10. a).	ASRS stands by its comments on the previous draft submitted January 2016. We urge USP to stick with science for BUDs, i.e. allow for extension of the BUD when there is supporting evidence based on testing by the facility using approved methods or published in the scientific literature. This would keep the USP 797 guidelines in synchrony with FDA guidance which allows testing to determine BUDs.	The BUDs listed in the current revised Table 12 are still too restrictive for ophthalmic drops and injections. Although the BUDs are slightly longer than in the previous proposed revision, 45 days refrigerated/60 days frozen is still not sufficient to allow for compounding, sterility testing, and distribution. Making stock items such as cyclosporine and tacrolimus will be nearly impossible. The sterility tested BUD is so restrictive that some compounders may elect to avoid testing and just use the Non-Tested BUD (45 days frozen/4 days refrigerated). See reference list with previous comments.