December 13, 2012

Heidi Marchand, PharmD
Assistant Commissioner for Special Health Issues
U.S. Food and Drug Administration
Office of Special Health Issues
10903 New Hampshire Avenue
Silver Spring, MD 20993

Dear Dr. Marchand:

On behalf of the AVMA’s more than 82,500 members, representing approximately 83 percent of U.S. veterinarians who are involved in myriad areas within the veterinary medical profession, we appreciated the invitation and opportunity to participate in the December 12th roundtable discussion with our medical colleagues on compounding pharmacies.

As you know, veterinary medicine is unique in that we treat a multitude of species with an even greater number of diseases and conditions. It is important to underscore the critical importance of the Food and Drug Administration’s approvals of new animal drugs, as it would curtail the need for compounded preparations in veterinary medicine. Approval of new animal drugs is paramount to veterinary medicine and engaging with the Agency and Congress in facilitating that process remains a high priority for the Association.

At the same time, compounding is still necessary in some cases for veterinarians because there are, and always will be, a limited number of FDA-approved drugs for the many species and conditions that we treat. In addition, intermittent drug shortages and commercial unavailability of FDA-approved drugs drive the need for compounded preparations in various situations within veterinary medicine.

Veterinarians use compounded medications in a number of ways. For example, a veterinarian may add a flavor to a liquid drug in order to adequately treat a cat. An injectable antimicrobial might be mixed with a carrier to treat an ear infection in a dog or a small dosage of an anti-inflammatory agent might be compounded for a 50-gram exotic pet bird. AVMA policy is very clear that the use of a compounded drug should be done within a Veterinarian-Client-Patient Relationship, or VCPR, and limited to three conditions:

1. Those drugs for which both safety and efficacy have been demonstrated in the compounded form in the target species, such as potassium bromide solution in dogs.
2. Disease conditions for which response to therapy or drug concentration can be monitored, such as transdermal methimazole for feline hyperthyroidism.
3. Those individual patients for which no other method or route of drug delivery is practical, such as transdermal methimazole in feline hyperthyroidism where the human approved tablets can cause persistent vomiting.
The use of a compounded drug should be accompanied by the same precautions followed when using an approved drug, including counseling of the client regarding potential adverse reactions and attention to the potential for unintended human or animal exposure to the drug. The AVMA also firmly believes that the decision to use a compounded drug should be driven by the veterinarian within a Veterinarian-Client-Patient Relationship, not the pharmacist.

We advise our members that there are two types of compounding within veterinary medicine: one, which is from FDA-approved drugs and is lawful within the confines of FDA’s extra-label drug use rules and applicable state rules. And the other type is from bulk, or raw, active ingredients, which is not currently lawful, but may be medically necessary in limited scenarios.

There are two general sets of circumstances in which the AVMA believes compounding from bulk ingredients may be necessary:

- When an FDA-approved drug is not commercially available. An example of this might be the use of cisapride to treat cats with megacolon.
- The needed compounded preparation cannot be made from the FDA-approved drug. An example of this scenario is when a large brown bear needs to be immobilized and sedated using a volume small enough to be darted. Use of FDA-approved medetomidine would be problematic in this scenario.

Otherwise, AVMA believes drugs should be compounded only from approved drugs.

The AVMA contends that compounding of drugs from unapproved, or bulk, substances for use in non-food animals should be allowed through enforcement discretion in these medically necessary circumstances. This should be permitted if such compounded products are used under the conditions for extra-label use of approved drugs, which is delineated in the regulations written to implement the Animal Medicinal Drug Use Clarification Act. Such compounding from bulk substances should be allowed only if effective regulatory mechanisms are in place and implemented to assure that such compounding is patient-specific and performed only in the context of a VCPR.

The AVMA understands and advises its members that animal health and patient medication compliance are appropriate reasons for compounding from bulk substances whereas economic reasons are not. We are opposed to pharmacies manufacturing under the guise of compounding because such products can be deleterious to animal health since there is no way to assure efficacy and safety of the medications. Such egregious manufacturing also drives demand away from the drugs that have been approved by the FDA, potentially diminishing incentives for the pharmaceutical industry to invest in the development of new animal drugs. The AVMA encourages federal and state authorities to actively enforce manufacturing under the guise of compounding.

Anecdotally, we understand from our volunteer leaders that the need for compounding is substantial. We believe that much of the compounding occurring in veterinary facilities is done within FDA’s extra-label drug use rules, such as mixing FDA-approved injectable agents into one syringe for administration to a patient being prepared for surgery. We are aware that there are certain species and specialties which rely upon compounding from bulk ingredients more than others. These include canine, feline, equine, and exotic animal pets; animals maintained in zoos, aquaria and wildlife rehabilitation facilities; and animals within conservational facilities.
Both veterinarians and pharmacists compound for animal patients. Based on our reviews of state rules, much of the state oversight of compounding is within state boards of pharmacy. However, veterinarians are also bound by their state veterinary practice acts with regard to prescribing and dispensing prescription medications. Veterinarians are educated extensively on animal pharmacology in veterinary medical school and taught the federal rules to follow in their practices.

The AVMA is dedicated to continuing to educate veterinarians on federal regulations regarding compounding and does this through presentations at AVMA’s annual meeting, state conferences, and other large venues. We also engage in regular dialogue with the FDA’s Center for Veterinary Medicine to assist the agency in supplying resources on compounding to our members and in identifying speaking or other communication opportunities for FDA staff to reach AVMA’s members.

As mentioned earlier, effective regulatory mechanisms should be implemented to assure that compounding from bulk substances for animals is patient-specific and performed only in the context of a Veterinarian-Client-Patient Relationship. And while the AVMA believes that egregious situations of manufacturing under the guise of compounding should be actively enforced by federal and state authorities, we do not have, at this time, specific recommendations for changes that might need to be made at the state or federal level with respect to taking action against those inappropriate actors. However, strong, robust adverse event reporting systems could assist in the identification of problematic compounding situations, and we assert that those systems should be implemented.

For information on this issue, we have updated AVMA’s website to make publicly available our policies, a veterinary compounding brochure, a document of frequently asked questions for veterinarians, and other applicable resources for our members (https://www.avma.org/KB/Resources/FAQs/Pages/Compounding-FAQs.aspx). We are happy to discuss these materials or any of the information outlined here in more detail. For further clarification, please contact Dr. Ashley Morgan at 202-289-3210 or amorgan@avma.org.

Sincerely,

W. Ron DeHaven, DVM, MBA
Executive Vice President and CEO