DRAFT PRINCIPLES: ADVERSE EVENTS REPORTING RELATED TO 503A COMPOUNDED DRUGS

September 21, 2022

NOTE: THIS IS NOT STATUTORY LANGUAGE, ONLY DRAFT PRINCIPLES.

Following principles describe a general framework for adverse event reporting (by pharmacies to the state board of pharmacy via NABP's reporting tool) that APC could support. It is for reporting of adverse events related to human compounded drugs by 503A facilities, but it is possible that this same framework could be considered for reporting of adverse events related to 503A veterinary drugs.

1. Adverse events to be reported are those that are "serious" as defined by either CFR 310.305 or the definitions of Significant Adverse Drug Reaction/Significant Quality-Related Event as defined in the NABP Model Practice Act.
    a. FDA serious adverse events:
        i. Any alleged adverse drug experience occurring at any dose that results in any of the following outcomes: Death, a life-threatening adverse drug experience, inpatient hospitalization or prolongation of existing hospitalization, a persistent or significant disability/incapacity, or a congenital anomaly/birth defect. Important medical events that may not result in death, be life-threatening, or require hospitalization may be considered a serious adverse drug experience when, based upon appropriate medical judgment, they may jeopardize the patient or subject and may require medical or surgical intervention to prevent one of the outcomes listed in this definition. Examples of such medical events include allergic bronchospasm requiring intensive treatment in an emergency room or at home, blood dyscrasias or convulsions that do not result in inpatient hospitalization, or the development of drug dependency or drug abuse.
    b. NABP Model Practice Act
        i. "Significant Adverse Drug Reaction" means any Drug-related incident that may result in serious harm, injury, or death to the patient. ii. "Significant Quality-Related Event" means any Quality-Related Event that results in serious harm, injury, or death to the patient.
2. Adverse events that are "unexpected" as defined by CFR 310.305 will not be reported due to this concept being tied to the product labeling. 503A excludes those human compounds from having such labeling. With their being no such labeling for these medications, there isn't a standard to compare what would be "expected" and what would be "unexpected."
3. The reporting of adverse events shall not be punitive in terms of the reporting immediately creating a disciplinary action on the part of the state or FDA. The facts of the event(s) may lead to disciplinary action, but the mere existence of a reported adverse event is not cause for a disciplinary action by any agency.
4. Each state may follow its own process for responding to reported adverse events. Nothing in this framework will compel a state to follow any other process.
5. Reporting of adverse events will take place through NABP's online reporting tool. Adverse events will be reported to FDA and the state of residence for the pharmacy. This notification

shall not be cause for an automatic disciplinary action. The pharmacy will need time to investigate the reported adverse event and determine if it was related to the compounded medication utilized by the patient.

6. Adverse events reported to the 503A pharmacy must be reported by the pharmacy via the NABP reporting tool no more than X days from when the pharmacy is notified. Updates on the known information about the event must be provided within X days the initial report.
7. For adverse events that have been reported, but where no disciplinary action has been taken by any regulatory body, the reported adverse event cannot be used by NABP to determine a pharmacy's ability to pass inspection or achieve accreditation.
8. The reported data will be deidentified and shared with APC no less than annually for analysis and training aimed at preventing future adverse events.