



PRELIMINARY REPORT OF THE 2010 RESOLUTIONS COMMITTEE

March 29, 2010

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ADVANCING HEALTH THROUGH PUBLIC STANDARDS

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PART I

MEMORANDUM FROM THE 2010 RESOLUTIONS COMMITTEE

ADVANCING HEALTH THROUGH PUBLIC STANDARDS

PART I.

MEMORANDUM FROM THE 2010 RESOLUTIONS COMMITTEE

Adopted resolutions are considered important guidance for the United States Pharmacopeial Convention (USP). They are considered by USP's Board of Trustees and Council of Experts (CoE) and reflected in the organization's policy and operational agendas. Thus, review of resolution submissions and development of final language and background is a critical process for the organization.

In January 2009, René H. Bravo, M.D., USP Convention President, appointed six Delegates from the USP membership to serve on the Resolutions Committee (RC) in preparation for the 2010 membership meeting. Bylaws provisions related to the RC and its work are available in Appendix A of this report.

The first meeting of the RC was held in conjunction with the 2009 USP Spring Governance Meeting (SGM) in March 2009. At the SGM, the RC learned about USP's priorities and opportunities and interacted with the Board of Trustees, CoE, and Council of the Convention (CoC). During its meeting, the RC accomplished the following:

- Determined the process by which it would review resolutions (see Appendix B);
- Discussed the Call for Resolutions, which would be conducted electronically via the USP Web site;
- Discussed how the CoC's White Papers would inform the resolution development process;
- Reviewed the proposed resolution from the Constitution and Bylaws Committee and Membership Committee pertaining to grandfathering Constitutionally-named member organizations (to be voted on if the proposed amendments to the Constitution and Bylaws are adopted); and
- Decided to use criteria to facilitate the objective evaluation of resolution proposals.

At its second meeting, held by teleconference in June 2009, the RC finalized the Call for Resolutions and the electronic submission process. Following the Committee's direction, the resolutions Web page and electronic submission form were designed to guide submitters to consider how their proposals aligned with USP's Strategic Plan, mission, vision, and the potential new directions contemplated in the series of CoC White Papers.

The RC also finalized the rubric for evaluating resolution proposals, which mirrored the resolution submission form and was intended to create a more objective approach to evaluating each resolution. Each proposal received by the RC was assessed based on the evaluation rubric.

On September 23, 2009, the Call for Resolutions was delivered to USP Convention member organizations and Delegates simultaneously with publication of the CoC White Papers, and the online resolution submission form became available.

In January 2010, the RC held its third meeting to consider the resolutions submitted to date. The Committee also received a USP Board strategic document that comprised current thinking on how USP could advance in the 2010-2015 cycle beyond challenges to opportunities. Review of such documents is called for in the Bylaws provisions related to the RC's work. By the end of this meeting, the RC had developed a series of resolution topics and preliminary language for an initial set of resolutions. The Committee agreed that any resolution it presented to the membership should be strategic in nature to provide useful and actionable guidance for the organization. Finally, RC members volunteered to be "champions" of the various resolution topics that had been decided. Appendix C lists the RC champion and back-up for each resolution.



The RC is pleased to present, for Convention Delegates' consideration, nine strategic resolutions for adoption at the 2010 meeting. The RC encourages Convention member organizations and Delegates to review each of the resolutions in Section III of this report. The report provides space to note any questions or comments Delegates may wish to bring forward during the Open Hearing on Resolutions, Thursday, April 22, 2010.

Following the Open Hearing, the RC will convene, consider comments, and prepare its Final Report, which will be delivered to Delegates on Friday, April 23. Convention Delegates will vote on the final language of resolutions on Saturday, April 24, 2010.

The RC wishes to acknowledge the contributions of the following organizations and individuals that submitted proposals for the RC's consideration:

- Leonard Bernstein, M.D., Ohio State Medical Association;
- Richard S. Blum, M.D., F.C.P., F.A.C.P., Medical Society of the State of New York;
- Peter A. Chyka, Pharm.D., Douglas W. MacPherson, M.D., Patrick A. McKee, M.D., Chairs of Information Expert Committees;
- Barbara J. Ferguson, New Jersey Pharmaceutical Quality Control Association;
- Richard Ko, Pharm.D., Ph.D., Dietary Supplements Information Expert Committee;
- Yana R. Mille, R.Ph., Food and Drug Administration, Center for Drug Evaluation and Research;
- Janeen Ann Skutnik-Wilkinson, B.S., Pharmaceutical Research and Manufacturers of America;
- Donald C. Singer, M.S., American Society for Quality; and
- The USP Membership Committee and Constitution and Bylaws Committee.

Where the RC deemed appropriate, it has incorporated these concepts into the strategic resolutions presented herein.

Respectfully submitted,

Mary H. Hager, Ph.D., R.D., F.A.D.A.
Chair, 2010 Resolutions Committee



MEMBERS OF THE 2010 RESOLUTIONS COMMITTEE

CHAIR

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Donald C. Singer, M.S., *American Society for Quality*





CONVENTION

2010

PART II

RESOLUTIONS

ADVANCING HEALTH THROUGH PUBLIC STANDARDS

RESOLUTION 1

GRANDFATHER CONSTITUTIONALLY-NAMED ORGANIZATIONS (PROPOSED IF AMENDED AND RESTATED BYLAWS ADOPTED)

USP resolves that all organizations that were named in the USP Constitution prior to the adoption of the Amended and Restated Bylaws shall automatically become Voting Organizational Members of the Convention under the new Bylaws. These organizations shall continue to be members until they resign or are removed for cause in accordance with the Amended and Restated Bylaws.

Prior to 1995, all of the members of the Convention were specifically named in USP's Constitution. In 1995, the Constitution was amended to allow additional organizations to be invited as members. The 1995 amendment was designed to give USP more flexibility in expanding its membership, without having to amend the Constitution each time it wanted to add a member. Since the amendment, all new members have been added through invitation, and no new members have been named in the Constitution. Although constitutionally-named and invited members have the same voting rights and privileges, this distinction appears to create two classes of membership, with constitutionally-named members having the assurance of permanent membership and enjoying a higher status.

Based on USP's experience with both constitutionally-named and invited members, this distinction no longer appears to be justified or to serve any useful purpose. For example, the first and key action of a USP member organization is to name a delegate. To USP, the appointment of a delegate reflects the value the organization places on the relationship; it indicates that the organization is committed to being engaged with USP and supports USP's mission and vision. When it comes to performing this fundamental member responsibility, *invited* organizations are as likely to name their delegates quickly and maintain continuous participation. In fact, among the *named* organizations there is a significant cohort that does not appoint delegates. Similarly, when one looks at the levels of attendance at the five-year Convention meeting, which is another important member responsibility, given that this is where critical governance functions are carried out, there is little difference between those that are *invited* and those that are *named*.

For these reasons, the Amended and Restated Bylaws eliminate the concept of constitutionally named members and make all members invited. Under the Amended and Restated Bylaws, all members are invited, and all invited members continue to be members until and unless they resign or are removed for cause by the Board of Trustees upon the recommendation of the Council of the Convention. The Council of the Convention is required to develop criteria for inviting and removing members. These criteria will be part of the rules and procedures of the Council of the Convention, which are subject to review by the Governance Committee and approval by the Board of Trustees. The effect of these provisions is to put all members on an equal footing. All are entitled to enjoy membership in perpetuity as long as they fulfill their responsibilities as Convention members.

The intent of this change is not to exclude those organizations previously named in the Constitution from continuing their membership. Such organizations have a long and distinguished history of participation in the Convention and are an integral part of USP's practitioner-based heritage. Thus, this resolution essentially "grandfathers" these organizations as members, and under the Amended and Restated Bylaws such organizations will remain members until and unless they resign or are removed for cause in accordance with the Amended and Restated Bylaws.



RESOLUTION 2

STRENGTHEN FOCUS ON CORE COMPENDIAL ACTIVITIES

USP should strengthen its focus on core compendial activities, working collaboratively with industry, regulators and other stakeholders to ensure relevant, timely and accurate public standards.

As USP expands its public health activities around the world, it must always remain mindful of its core role as the legally-recognized pharmacopeia in the US and its responsibility to produce compendial standards that are relevant, accurate, and timely and will help ensure the quality of drugs and other articles used by patients and practitioners. Fulfilling this role and responsibility requires close collaboration with regulators, industry and other stakeholders and a comprehensive strategy for developing and maintaining rigorous science-based standards that serve to protect the public health.

As reflected in Resolution 3, USP is committed to strengthening its relationship with FDA and working more proactively with the agency to identify and revise outdated monographs, obtain missing monographs and develop new methodologies and approaches that will help regulators and manufacturers detect and prevent substandard and contaminated drugs. While USP and the agency have worked well together to respond to recent public health crises, a closer, more forward-looking collaboration with FDA is needed to improve and expand the standards in the *USP-NF*.

USP also has taken a number of steps in the last ten years to enhance its interaction and collaboration with industry, and is committed to continuing these efforts as well. In the 2000-2005 cycle, USP created “Stakeholder Forums” as a way of providing regular dialogue with industry. Within these Stakeholder Forums, “Project Teams” were created to focus on particular compendial topics and allow USP to work even more closely with industry on issues of particular importance to manufacturers. The Stakeholder Forum/Project Team concept was formalized in USP’s Constitution and Bylaws at the 2005 Convention, and these groups have continued in the 2005-2010 cycle.

Working with the Prescription/Non-Prescription Stakeholder Forum, USP has already modified its standard-setting processes in a number of ways in response to industry concerns. These include: increasing the time between publication of a new standard and its official date; more closely aligning the time of release of a documentary standard with its allied reference standard; tightening the criteria for the use of USP’s accelerated revision processes and standardizing the timing for these revisions; and using the USP website more actively as a vehicle for communicating important standards-setting developments and for expanding the notice and comment period for high impact standards.

USP is planning additional changes for the 2010-2015 cycle that will help engage stakeholders in its standards-setting processes. These include:

- Development and publication of work plans for the Council of Experts that will allow greater transparency of the work plans to stakeholders and ensure focus on areas of importance. USP also plans to publish periodic reports demonstrating progress against the work plans, which will provide greater visibility for the work of the Council and help ensure that stakeholders are adequately informed as to the status of standards under development.
- Use of a “design phase” approach for high impact revisions, that will bring together USP, industry, regulators, and other stakeholders to engage in dialogue about a particular high-impact standard and bring to light all perspectives that should be considered by USP in developing the standard. This “design phase” approach will help assure alignment between USP and manufacturers, as well as the Food and Drug Administration, at an early stage of standards development. USP’s approach to high



impact revisions will also include prepublication of high impact proposals on its website, ongoing outreach efforts and stakeholder dialogue, delayed implementation dates, and education and training programs.

- Modification of USP's conflict of interest rules for its Council of Experts advisory panels (Expert Panels) to ensure that all relevant expertise can be brought to bear in such panels. USP will preserve the objectivity and impartiality of its standard-setting process because all decisions still will be made by its Expert Committees, whose members will remain subject to strict conflict of interest rules.
- Transition of *Pharmacopeial Forum* (USP's notice and comment vehicle) to an on-line only, freely available publication. This will broaden USP's ability to reach parties affected by USP standards and help ensure broad feedback and input into proposed standards.
- Broadening USP's reach to industry through expanded participation in USP's Stakeholder Forums.

In addition to these process improvements, USP must continue efforts to build its quality systems and integrate these systems into its standards development processes to bring greater quality assurance and control to USP standards. USP has as one of its core values a commitment to quality and continuous improvement, and must work to make sure this value is consistently demonstrated in its core compendial activities. USP has demonstrated substantial capability in this regard via its 9001/17025 certifications and can advance further using a 'lessons learned' approach in which all stakeholders participate.

tests and limits entirely. Beginning with impurity limits and tests, FDA and USP should work to address the inadequacies in existing USP OTC monographs to help ensure that OTC drug products are of the same high quality as those approved through the NDA/ANDA process.

- *Obtaining Missing Monographs.* FDA and USP also should work together to develop up-to-date monographs with allied reference materials where monographs are currently missing from *USP-NF*. The number of missing monographs is large and may be growing. The absence of a monograph in *USP-NF* is particularly problematic because it denies the improvements in drug quality that are afforded as USP updates analytical procedures in the compendia. For example, in the current cycle USP worked with FDA and manufacturers to develop general chapters that better control residual solvents and potential metal impurities in drug products and ingredients in the U.S. But because these chapters apply only to products and ingredients included in the *USP-NF*, the benefit of these advances is lost where a *USP-NF* monograph does not exist. Ways should be sought, working with FDA and other partners nationally and internationally, to obtain and maintain these missing standards.
- *Exploring Ways to Reduce the Likelihood of Counterfeits and Substandard Drugs.* FDA and USP should work with industry and other stakeholders to develop new approaches that apply chemometrics and spectral libraries to identification testing for products and their ingredients, using multiple portions of the electromagnetic spectrum coupled with advanced informatics and instrumentation. Such approaches could provide FDA and manufacturers with better tools to detect and deter counterfeit and substandard medicines by enhancing capabilities to authenticate and rapidly screen ingredients for suspected counterfeit or otherwise adulterated material.
- *Pilot Study with the Office of Generic Drugs (OGD).* FDA and USP should consider a pilot study to assist OGD and reduce generic application backlogs while promoting the availability of optimal public standards with national primary reference materials. This pilot could combine regulatory and compendial review of analytical procedures for the ANDA private specification, using USP's pending monograph approach and working with companies who agree to participate voluntarily, with a goal of reducing duplicative reviews by FDA and USP and facilitating application review and approval.
- *Strengthen Partnerships Internationally.* FDA and USP should collaborate to build programs that take advantage of USP's laboratory and other capabilities in key countries and regions of the world, in partnership with FDA's teams located in these regions. Options could include FDA's use of USP laboratories for testing as well as encouragement for USP's programs that verify ingredients.

While in many ways the partnership in law between FDA and USP has worked well, there is one important deficiency: while the Federal Food, Drug, and Cosmetic Act (FDCA) makes compliance with USP's drug standards mandatory where they exist, it does not contain any mechanism for USP to obtain the information and materials it needs to develop such standards. As a result, USP's compendia are missing many monographs, and many others are outdated. USP's relationship to FDA in law, regulation, and practice should be reviewed with a view to strengthening the availability of public documentary standards and allied national primary reference materials, perhaps considering examples in other countries and regions as a means to better understand optimal partnership models between regulatory and compendial experts.

Perhaps the most direct and sweeping approach in helping to remedy compendial deficiencies would be to revise the FDCA to reinforce the status of USP under law and to transform USP's role into providing a true national standard obligatory for all FDA-approved drugs. This could be achieved by making manufacturer submissions of information and reference materials mandatory, and timed to occur upon initial FDA approval (not waiting until multi-sourcing occurs with generic entry). Seeking this change would be extremely ambitious and likely to meet with opposition as it could be argued that such a change would abridge existing intellectual property rights of those seeking FDA approval, although there may be ways to alleviate these intellectual property concerns. Many intermediate approaches also exist, however, including

more minor legislative or regulatory changes that would reduce the constraints USP currently faces, encourage closer collaboration between FDA and USP, and increase FDA and industry support for the development and maintenance of public standards.

USP should work closely with FDA as well as industry, practitioner and patient groups, and other affected stakeholders to evaluate the advisability and feasibility of these approaches. All public policy and other implications must be carefully considered, and any strategy to be pursued must have support from FDA and other stakeholders.

RESOLUTION 4

SUPPORT AND ADVANCE GLOBAL PUBLIC HEALTH INITIATIVES

Working in collaboration with national, regional and global stakeholders, USP should assess the feasibility and advisability of advancing new global public health initiatives. USP should seek to expand its resources for these initiatives, building on existing opportunities, in order to support its international activities while preserving and fulfilling its role under US law.

Over the last three decades, a sea change has occurred. Pharmaceutical manufacturing moved offshore to a great extent. A shrinking world with a global supply chain now presents challenges to world health similar to those faced by American citizens before USP and the Food and Drug Administration existed. Global access to quality medicines increasingly is threatened by many factors, including the presence of both substandard and counterfeit medicines. In the developing world, poor quality medicines are especially burdensome because they fail to produce the expected outcome and absorb limited resources. Countries with limited resources face many challenges that can result in poor quality medicines, including weak regulatory systems, poorly staffed and equipped national drug control laboratories (official medicines control laboratories), and poor enforcement due to corruption or lack of political will. Heat and humidity common to many developing countries can reduce quality during manufacture, storage, and distribution. In recent years, many countries—irrespective of their development—have been challenged by episodes of economically-motivated adulteration. Melamine, diethylene glycol, and over-sulfated chondroitin sulfate have created morbidity and mortality within countries and across regions of the globe.

USP has advanced its international presence and activities substantially in the last five years as directed by Convention resolution and the USP Board of Trustees' strategic plan. The Board's strategic plan emphasizes the importance of USP's working internationally as well as nationally, and in response, USP has established three overseas sites with full laboratory capabilities and targeted key regions and countries of the world for special focus for global health initiatives. USP's sites are located where USP can have the greatest public health impact—in countries where the largest amount of active pharmaceutical ingredient and dosage form manufacturing is occurring. USP's international effort has allowed closer ties with governmental agencies not just in regions where USP's sites are located but in many other key regions as well. This progress has been complemented by USP's cooperative agreement with the United States Agency for International Development (USAID). Through the USP *Drug Quality and Information* program now concluded and the new *Promoting Quality Medicines* program beginning under USP's agreement with USAID, USP provides technical and capacity building assistance in the developing world. In combination, these initiatives bring USP into all parts of the world.

Despite these advances, there remain many global public health challenges which USP could help to address. USP should find a path forward that balances its responsibility as a national standard setting body with the increasing global need for independent and authoritative standards to help ensure access to good quality medicines worldwide. Accordingly, USP should consider a structure that provides adequate governance, management, scientific, and other resources to allow both its domestic and international activities to advance and flourish without diminishing either effort. Such a structure would allow USP's existing international activities to continue to expand without detracting from the resources needed to support USP's core compendial activities. It would also facilitate the exploration of new and emerging global public health initiatives, including:

- The development of screening techniques to a) assure identity of legally marketed food and drugs and b) detect and deter adulterated, contaminated, or counterfeit food and drugs. Partnering with national and international organizations, USP should explore the use of spectral libraries and other initiatives to confirm the identity of food and drug articles and their packaging using multiple portions of the electromagnetic spectrum coupled with advanced informatics and instrumentation. This technology could be used as a first line test of articles of commerce within the supply and distribution chains, and provide regulators and manufacturers with better tools to detect and deter counterfeit medicines.
- Adoption of USP's standards and other products and services to meet local public health needs. Standards currently in the *USP-NF* could be incorporated as is or with modifications by smaller pharmacopeias in other regions to help supplement their limited resources. New standards could also be developed for use outside the US (as is currently done under USP's "non-US standards" initiative) and these could become part of a global compendium of standards. In this initiative, USP would be able to tailor its standards-setting activities to more effectively meet the separate needs of stakeholders in all parts of the world. Over time, these global standards could be incorporated into the *USP-NF*, if appropriate, through the usual compendial process using the Council of Experts, and could also work to advance harmonization efforts.
- Exploration of the feasibility and advisability of developing global comparator pharmaceutical products (CPPs) that will ensure continuing equivalence of multi-source medicines throughout the world. Nations are challenged to assure continuing equivalence relative to a CPP (the Reference Listed Drug in the US), and the possibility of assuring continuing equivalence at a global level does not now exist. USP should engage in dialogue with all key stakeholders to evaluate these and other approaches that could support continuing equivalence of medicines used worldwide.

RESOLUTION 5

STRENGTHEN AND EXPAND HARMONIZATION EFFORTS

USP should strengthen and expand its efforts to work with pharmacopeias, industry, regulators, international organizations and other stakeholders around the world to develop harmonized global standards.

Today's global healthcare system operates across national and regional boundaries. A patient in the United States may receive a prescription filled by a pharmacy in Canada using a product that was manufactured in Europe from an active ingredient produced in India or China. This creates a challenging and complex environment for pharmacopeias, industry, and regulators alike. An index published by the World Health Organization (WHO) in 2006 reported that there are over 30 pharmacopeias in the world. These pharmacopeias, at times produce differing public quality standards for pharmaceutical ingredients and dosage forms, and these standards may include differing acceptance criteria as well as test methods for determining whether an ingredient or dosage form conforms to the standard. Compliance with these standards in many cases may be required by law, just as compliance with USP standards is required in the US under the Federal Food, Drug and Cosmetic Act.

In a recent position paper published in *Pharmaceutical Technology* (Vol. 32, Issue 11, pp. 122-125), representatives of the pharmaceutical industry described their vision of an "Ideal Pharmacopeia." In their view, the Ideal Pharmacopeia would "provide appropriate standardization to facilitate drug registration and support regulatory agencies through a single, global compendial standard."

USP understands the importance of harmonization to industry and other stakeholders and the logic of a single global standard in an increasingly global marketplace. It makes little sense for global manufacturers to have to comply with redundant testing and other requirements of multiple pharmacopeias that add cost and complexity to manufacturing without necessarily improving drug quality. A single global compendial standard also advances the primary mission of the USP and other pharmacopeias – promoting public health – by helping to ensure that patients anywhere in the world receive consistent quality medicines no matter where the products are manufactured or sold.

As a result, USP has renewed its commitment to the Pharmacopeial Discussion Group (PDG) harmonization process, devoting additional staff resources at the scientific liaison, project management, and senior management level to help advance the work of PDG. USP has also taken the initiative to suggest improvements to the PDG process that can make it more efficient and productive. Still, achieving harmonization within PDG remains slow and laborious, and PDG is further hampered in that it includes only USP, the European Directorate for the Quality of Medicines (EDQM) and the Committee of the Japanese Pharmacopoeia, excluding many increasingly important pharmacopeias around the world such as those in China, India, Russia, Brazil, and many others.

In recognition of these limitations, USP is also exploring ways to supplement the PDG process. Currently, USP and representatives from EDQM with World Health Organization (WHO) as an observer are conducting a "prospective harmonization" pilot. Unlike PDG, in which the pharmacopeias attempt to retrospectively harmonize their standards, this pilot involves the simultaneous development of new drug substance monographs and reference standards in a coordinated fashion, resulting in harmonized standards at the outset. While the pilot is still in an early stage and there are many questions to be answered, USP and EDQM representatives as well as industry are relatively encouraged by the progress to date. USP also is collaborating closely with representatives of the Japanese government on harmonization efforts through improved communications and staff exchange.

In addition to its relationships with EDQM and Committee of the Japanese Pharmacopoeia, USP is working bi-laterally with many other pharmacopeias around the world, including those in China, India, Russia, Brazil and many other countries. Many of these pharmacopeias face constrained resources (as does USP) in the face of considerable challenges, and USP is helping to facilitate their development and promote *de facto* harmonization by expanding ways to allow partner pharmacopeias to “adopt and adapt” *USP-NF* standards for their own use.

Beyond these efforts lie measurement science opportunities that create remarkable and exciting approaches to assure comparability in results across different procedures when they link back to a common and preferably certified reference material. Measurement science thus offers a hope that we can move beyond parochial national and regional interests to a truly unified global system. In this regard, partnership with World Health Organization and the International Bureau of Weights and Measures (and their national/regional regulatory and metrology organizations) remains critically important.

USP is encouraged to continue to pursue and expand these and other harmonization efforts, working with its PDG partners as well as other pharmacopeias and key stakeholders around the world towards the concept of a single, global compendia standard.

RESOLUTION 6

**CONTINUE AND EXPAND COMMITMENT TO QUALITY STANDARDS FOR
FOOD INGREDIENTS**

USP should continue and expand its commitment to quality standards for food ingredients, working to strengthen the role of *Food Chemicals Codex (FCC)* as a global compendium for food ingredients, increasing the number of documentary standards and reference materials available for food ingredients, and exploring the feasibility and advisability of expanding the scope of *FCC*.

Since acquiring the *FCC* from the Institute of Medicine in 2006, USP has worked hard to reestablish the credibility and reputation of the *FCC* by updating and expanding the standards available in the *FCC*. USP has committed to timely updates and a regular publication schedule, and is engaging with industry, the Food and Drug Administration (FDA), and other stakeholders in the US and abroad to determine how best to meet stakeholders needs. Unlike the *USP-NF*, compliance with the *FCC* is not generally mandated by US law; thus, USP must demonstrate the value of *FCC* standards to industry and regulators. This lack of legal recognition, however, provides greater freedom for *FCC* to be a globally recognized source of standards and to incorporate monographs for ingredients marketed in countries outside the US.

To allow the continued growth of the *FCC*, increase its value to industry and regulators, and help meet the public health needs that exist in this area, USP should pursue the following strategies:

- Expand efforts to obtain and update monographs for the *FCC* through increased interaction with industry, education of potential donors, and efforts to raise awareness of and interest in the *FCC*. USP should also explore alternative sources of monographs for food ingredients, through work with regulators and industry in China, India, and Brazil.
- Develop and implement a plan for the development of reference materials that are tailored to meet the needs of the food industry and regulatory authorities that recognizes the important differences between the food industry and pharmaceutical industry. This strategy may include consideration of partnering or acquisition activities that would allow USP to quickly expand its reference material catalog. USP should also consider whether certified reference materials could be developed and provided to commercial food testing laboratories to assist them in meeting quality system requirements.
- Consider expanding the scope of the *FCC* to include microbiological limits as well as limits for other contaminants, whether naturally occurring or otherwise. In particular, USP should explore the feasibility and advisability of strategic partnerships with other food standard setting organizations that would complement and augment the breadth of quality specifications in the *FCC*.
- Work with American Society for Quality to explore whether the *FCC* can be used to facilitate compliance with established quality systems through the use of *FCC*-grade food ingredients in food processing as an effective safeguard against adulteration.
- Work with FDA and other stakeholders to strengthen the role of *FCC* under federal law, including updating existing regulatory references to prior editions of the *FCC*. USP should also seek to increase regulatory recognition in China, India, and Latin and South America by building ties with food manufacturers/producers, trade associations, and regulatory authorities in these areas of the world.

- Continue its efforts to collaborate with the Codex Alimentarius Commission by obtaining observer status and actively participating in key Codex committees. In addition, USP should continue to build its relationship with the World Health Organization/Food and Agriculture Organization Joint Expert Committee on Food Additives (JECFA).

Pursuit of these strategies will help ensure the success of *FCC* as a globally-recognized and valued source of food ingredient standards, and demonstrate USP's ongoing commitment to the quality and safety of food ingredients.

RESOLUTION 7

PROMOTE AVAILABILITY, USE AND RECOGNITION OF QUALITY STANDARDS FOR DIETARY SUPPLEMENTS

USP should continue its commitment to provide quality standards for dietary supplements, including strengthening the role of USP standards for dietary supplements and their ingredients and increasing the use of such standards to help ensure the quality, safety, and benefit of such products.

Following enactment of the 1994 Dietary Supplement Health and Education Act (DSHEA) amendments to the Food, Drug, and Cosmetic Act (FDCA), the USP Convention in 1995 adopted a resolution encouraging USP to explore the feasibility and advisability of establishing standards and developing information concerning dietary supplements. This resolution was taken up and implemented by USP's Board of Trustees and Council of Experts, resulting in documentary standards for dietary supplements and their ingredients in *USP-NF*, with accompanying reference materials. Today, *USP-NF* contains over 400 dietary supplement and ingredient monographs and general chapters, covering most of the dietary supplements commonly marketed in the US. In June, 2009, USP published the *USP Dietary Supplement Compendium (DSC)*, drawing upon documentary standards in both *USP-NF* and the *Food Chemicals Codex (FCC)* and containing other information of use to the dietary supplements industry. USP also operates verification programs for finished dietary supplements and the ingredients used in dietary supplements.

Unlike USP's standards for drugs, USP's compendial quality standards for dietary supplements and dietary supplement ingredients are legally enforceable under the FDCA only for manufacturers that label their products as "USP." The Food and Drug Administration's (FDA) Good Manufacturing Practices (GMPs) for dietary supplements also do not require adherence to public standards such as those contained in USP's *DSC*. [Note: The designation "USP" is not equivalent to the "USP Verified" mark that designates approval through USP's verification program. USP Verified is considered a third-party certification.]

While DSHEA allowed consumers greater access to dietary supplements, a recent Government Accountability Office (GAO) report stated that consumers of dietary supplements are not adequately protected under current US law and regulations. Pre-market oversight and registration of products are recommended in the GAO report.

To assist in closing this regulatory "gap" and helping to assure the quality, safety and efficacy of dietary supplements, USP should pursue the following approaches:

- *Expanding and Harmonizing USP Standards for Dietary Supplements.* USP should expand its standards setting activities to explore new opportunities to evaluate and develop standards for dietary supplements and their ingredients. In doing so, USP should consider how best to continue and build upon its existing structures and processes for reviewing existing and arising safety data for dietary supplement ingredients and for creating quality public standards based upon these reviews. USP should also consider how its standards and analytical methods could complement standards in other countries for these products – whether viewed as traditional/allopathic medicines or supplements – and work towards harmonized public standards that would ensure quality, identity, and label uniformity throughout the global marketplace.
- *Strengthening the Role of USP Standards.* Working closely with the FDA as well as industry and other stakeholders, USP should explore the feasibility and advisability of efforts to strengthen legal recognition of USP's dietary supplements standards in ways that might encourage or require



conformance to such standards. Such recognition would conserve both regulatory and manufacturer resources, achieve consistency in the quality of dietary supplements, and help to protect consumers from adulteration and contamination.

- *Verification Programs.* USP should promote the use of its verification programs for dietary supplement products and ingredients. Broader implementation of these programs could assist in raising supplement quality, strengthen consumer confidence, help patients make informed decisions, and allow healthcare practitioners to recommend dietary supplements of verified quality. Although the FDA has not endorsed the use of third-party certifications of dietary supplements, it has recognized their value in its recent guidance on foods. The elements of USP's verification programs (audits, testing, document review, and market surveillance) would act synergistically with FDA's GMPs, thus helping to conserve FDA resources. USP's verification programs could also be used to help regulatory authorities in other countries deal with challenges in assuring the quality of these products.
- *Education.* Practitioners and patients, for the most part, are not aware of the regulatory framework that surrounds dietary supplements, or the appropriate use of dietary supplements. Practitioners and patients do not always communicate about supplement use and this can create potential for adverse events. Gaps in practitioner training and education for consumers are clear impediments to the safe use of dietary supplements. USP should expand its educational offerings to meet the needs of practitioners and patients/consumers with respect to dietary supplements. Education regarding compendial approaches to quality standards for dietary supplements would be useful to manufacturers, testing laboratories, and regulators alike.

RESOLUTION 8

DEVELOP, MAINTAIN AND PROMOTE ADOPTION OF QUALITY STANDARDS FOR COMPOUNDED MEDICINES

USP should continue its commitment to standards for compounding, working with the compounding community and other stakeholders to develop and maintain optimal process and preparation standards and promote adoption of such standards by compounding professionals and regulatory authorities.

USP has a long-standing commitment to the compounding community and patient care through the development of standards that will help ensure the quality of compounded medicines. In the 2005-2010 cycle, this work was conducted through two Expert Committees. As an emanation of their work, USP introduced the *USP Pharmacists' Pharmacopeia*, a publication intended to provide relevant standards and information for compounding professionals and other healthcare practitioners. Although in the 2010-2015 cycle USP's compounding standards-setting activities will be consolidated into a single Expert Committee, USP anticipates forming Expert Panels under this Expert Committee to provide the resources and expertise USP will need to continue its activities in this area.

Today, compounded preparations remain an important part of good patient care. With the legal, regulatory, and marketplace environment surrounding compounding in flux, it is critical that USP and other organizations work together so that patients continue to have access to safe and high-quality compounded medicines. Accordingly, USP should:

- Work with all stakeholders to develop optimal systems and approaches in the US and elsewhere to assure that practitioners compound quality preparations for use by patients and consumers.
- Continue to develop and update monographs for compounded preparations, working with compounding professionals and regulators to identify and prioritize needs for such monographs.
- Consider improvements to its standards development processes and policies that will facilitate the development and maintenance of monographs.
- Continue to develop and update standards for good compounding practices such as General Chapters <795> *Pharmaceutical Compounding—Nonsterile Preparations* and <797> *Pharmaceutical Compounding—Sterile Preparations*, and promote the adoption of these standards by state regulators and accrediting organizations.
- Consider the needs of specialized areas of compounding, including veterinary compounding and the compounding of radiopharmaceuticals, and work with practitioners in these areas to develop standards that will respond to the unique issues and challenges faced by these segments of the compounding community.
- Determine, based on stakeholder feedback, how USP can best provide a resource for compounding professionals and other healthcare practitioners that will be of optimal value and use.
- Provide ongoing education and training to compounding practitioners to help them understand the role and value of USP standards.
- Continue its support for the Pharmacy Compounding Accreditation Board, promoting the value of voluntary accreditation and helping to ensure the rigor of the accreditation process.



RESOLUTION 9

EXPLORE DEVELOPMENT OF NEW HEALTHCARE QUALITY STANDARDS OF VALUE TO PRACTITIONERS

Working with all key stakeholders, explore the feasibility and advisability of using USP's existing standards-setting processes as well as alternative approaches to develop additional healthcare quality standards of value to practitioners.

USP has had a long history of developing not only manufacturing standards but also practice standards, beginning in the mid-1800s with the *US Dispensatory* which was published by the two primary authors of the USP, Franklin Bache and George Wood. More recently, USP has developed many practice-oriented standards and has published them within the covers of the *USP-NF*, including the two landmark pharmacy compounding general chapters, <795> *Pharmaceutical Compounding—Nonsterile Preparations* and <797> *Pharmaceutical Compounding—Sterile Preparations*.

In addition to these practice standards for compounding professionals, which are established by USP's Compounding Expert Committees, USP also establishes standards in the *USP-NF* relating to drug labeling and other safety-related aspects of interest to practitioners. This effort has been undertaken carefully so as not to intrude on medical, pharmacy, nursing, and other professions' standards of care or the conformity assessment thereto. In the next cycle, the expanded Nomenclature, Safety, and Labeling Expert Committee will be largely responsible for USP's labeling and other safety-related standards. Some of the new and proposed standards for the next cycle include General Chapter <7> *Labeling*, General Chapter <17> *Prescription Container Labeling*, General Chapter <1066> *Physical Environments that Promote Safe Medication Use*; and other potential standards such as for Enhanced (Tall Man) Lettering. USP plans to continue and expand these standards-setting activities in the 2010-2015 cycle through support from and partnerships with practitioner groups and other interested parties, including its ongoing relationship with the National Coordinating Council for Medication Error Reporting and Prevention.

Beyond its existing practitioner-related standards-setting activities, USP should consider new areas where standards aimed at improving healthcare quality could be developed with and for the benefit of practitioners. The Strategic Plan adopted by USP's Board of Trustees encourages USP to undertake activities outside the compendial areas that leverage USP's unique capabilities, respond to the needs of USP's constituencies, and can be expected to have a strong public health impact. Over the past several years, USP has engaged in dialogue with the practitioner community about potential activities that would meet these criteria. In addition, USP's Information Expert Committees (which in this cycle were responsible for development of the Model Guidelines for use by Medicare Part D plans for their formularies) have urged USP to consider developing standards for drug information that would improve the quality of such information. Accordingly, working with all appropriate stakeholders, USP should continue to explore the feasibility and advisability of pursuing practitioner-related standards initiatives, including the following:

- Creation of standards for drug information that would help ensure the quality, credibility, and reliability of information used by both practitioners and patients. These standards would help advance the recommendations of *Preventing Medication Errors*, a report issued by the Institute of Medicine in 2007, which stated that better information content, delivery, and quality are necessary to improve patient-centered care, point-of-care decision making, product labeling, and drug safety. Practitioner-oriented information standards could include clarity of language, peer-review or editorial board review, statement of the level of evidence, literature search criteria, role of author and sponsors, including declaration of conflicts of interest, and study design for comparative analysis. Patient-oriented standards could address areas such as literacy level of language used, comprehensibility by

specific audiences, whether messages are culturally and linguistically appropriate, and use of non-traditional communication tools. Although USP would need to form partnerships and alliances to obtain financial and technical support for such activity, USP's history in providing drug information and its reputation as an unbiased and neutral standard-setting organization give it the institutional credibility to lead this effort.

- Consideration of whether the *British National Formulary* or similar existing “national formularies” in other countries or regions could be adopted and adapted through licensing or other arrangements into a similar publication for use in the United States as a resource to practitioners. Drug information centers, practitioner organizations, and others could be enlisted to help support the preparation, maintenance, and distribution of this publication, and financial support could be obtained through sales of the publication or from other governmental and non-governmental sources.
- Collaboration with practitioner associations to develop voluntary standards for their profession, through a “voluntary consensus standards-setting body” approach that would allow practitioners to play an active role in establishing these standards. Characteristics of this approach include: (i) openness; (ii) balance of interest; (iii) due process; (iv) an appeals process; and (v) consensus, which is defined as general agreement but not necessarily unanimity. Although this approach would differ from USP's traditional standards-setting approach, which utilizes USP's Council of Experts operating under strict conflict of interest rules to set legally-recognized standards in the *USP-NF*, USP is moving towards a voluntary consensus approach for its expert panels (current advisory panels) to the Council of Experts. This approach could be used in a broader way to convene practitioner groups to create non-mandatory practice and healthcare quality standards that could meet the needs of pharmacists and other health care providers.

In all areas of possibility, USP is encouraged to work carefully with practitioners and their respective organizations to assure that needs are met rather than burdens added. Careful work with potential conformity assessment bodies who might adopt USP generated standards will also be critical.



PART III

APPENDICES

ADVANCING HEALTH THROUGH PUBLIC STANDARDS

APPENDIX A. EXCERPTS FROM THE USP CONSTITUTION & BYLAWS PERTAINING TO THE COMMITTEE ON RESOLUTIONS

CHAPTER VIII—THE COMMITTEE ON RESOLUTIONS

Section 1

The Committee on Resolutions, hereinafter referred to in this chapter as the Committee, shall consist of at least five members of the Pharmacopeial Convention.

At least sixty days prior to the stated meeting of the Pharmacopeial Convention, the President shall appoint at least five members of the Pharmacopeial Convention to serve as members of the Committee, one of whom shall be designated as Chairperson, and such additional associates, who need not be members of the Convention, as may be required to aid the Committee.

Section 2

The Committee shall be responsible for reviewing the recommendations made in the addresses and reports of the Officers, Committees, and Board of Trustees; reviewing resolutions that have been submitted to it in written form at least thirty days prior to a stated meeting by eligible organizations and by individual members of the Pharmacopeial Convention, conferring with the parties concerned whenever necessary about the intent or any other aspect of the resolution; for drafting statements in resolution form that shall reflect the official policy of the Pharmacopeial Convention; and for presenting all resolutions to the Convention for consideration, unless later introduction of a resolution by a member is permitted by two-thirds vote of the members present and voting.

Section 3

Prior to the stated meeting, the Committee shall present all resolutions for a needs assessment to the Board of Trustees and the appropriate Division Executive Committees. If the resolution calls for activity in a new area, then the Executive Committee of the Council of Experts and the Board of Trustees shall determine the need for a new Expert Committee or Committees.

Section 4

The Committee shall make an initial report in at least one session prior to the Final Session of the meeting; the final report of the Committee and the vote on the resolutions submitted by the Committee shall be conducted in the Final Session. If it has been determined that additional Council of Experts members are necessary to implement an adopted resolution or resolutions, the election may occur, if possible, after the vote on the resolutions.

APPENDIX B. RESOLUTIONS REVIEW PROCESS

The resolutions review process is as follows:

- Each submission will be acknowledged and evaluated for completeness by USP staff. Staff will consult with the submitter to obtain additional information/rationale, if needed.
- Depending on volume and at reasonable intervals, complete submissions will be forwarded to the Resolutions Committee (RC) with a completed evaluation form and recommendation.
- After reviewing the submissions and staff recommendations, RC members will indicate whether they agree or disagree with the assessment. Disagreements will be discussed further via email or at the next meeting of the RC.
- Staff will develop background and rationale statements for any submissions that are approved by the Resolutions Committee for consideration at the Convention.
- Staff will inform submitters of the final disposition of their submission.
- RC will determine a Champion for each approved resolution.

In order to complete a thorough evaluation of each resolution, a core group of relevant staff will be assembled to make an informed judgment about the proposals. The Secretary to the Convention and Director, Member and Professional Relations will serve as staff liaisons to the Committee on Resolutions.

June 18, 2009

APPENDIX C. RESOLUTIONS COMMITTEE “CHAMPIONS”

The following is a list of the champions and back-ups for each Resolution.

Resolution 1 — Grandfather Constitutionally-Named Organizations

Champion: Charles W. Maas, M.D., M.P.H.

Back-up: Donald C. Singer, M.S.

Resolution 2 — Strengthen Focus on Core Compendial Activities

Champion: Donald C. Singer, M.S.

Back-up: Michael A. Moné, J.D., R.Ph.

Resolution 3 — Strengthen USP’s Relationship with the U.S. Food and Drug Administration

Champion: Michael A. Moné, J.D., R.Ph.

Back-up: Mary H. Hager, Ph.D., R.D., F.A.D.A.

Resolution 4 — Support and Advance Global Public Health Initiatives

Champion: Juan J. L. Lertora, M.D., Ph.D.

Back-up: John Pieper, Pharm.D., F.C.C.P.

Resolution 5 — Strengthen and Expand Harmonization Efforts

Champion: Donald C. Singer, M.S.

Back-up: Juan J. L. Lertora, M.D., Ph.D.

Resolution 6 — Continue and Expand Commitment to Quality Standards for Food Ingredients

Champion: Mary H. Hager, Ph.D., R.D., F.A.D.A.

Back-up: Donald C. Singer, M.S.

Resolution 7 — Promote Availability, Use and Recognition of Quality Standards for Dietary Supplements

Champion: Charles W. Maas, M.D., M.P.H.

Back-up: Mary H. Hager, Ph.D., R.D., F.A.D.A.

Resolution 8 — Develop, Maintain and Promote Adoption of Quality Standards for Compounded Medicines

Champion: Michael A. Moné, J.D., R.Ph.

Back-up: John Pieper, Pharm.D., F.C.C.P.

Resolution 9 — Explore Development of New Healthcare Quality Standards of Value to Practitioners

Champion: John Pieper, Pharm.D., F.C.C.P.

Back-up: Charles W. Maas, M.D., M.P.H.

