

COMPOUNDING: CURRENT PRACTICES



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MANY SPECIES, MANY SIZES, MANY CONDITIONS



COMPOUNDING: THE WIDER SCOPE

- FDA drug approval needs
 - Many species, many sizes, many conditions
- Legal homes for certain unapproved drugs
- Commercial availability
- Enforcement needs
- Education
 - Knowledge of rules
 - Understanding labels
- Drug alternatives



NEEDS FOR COMPOUNDING

- When drug is commercially unavailable
 - No drug was ever approved
 - Withdrawn human drugs
 - Sponsor ceases sale
 - Temporary unavailability



NEEDS FOR COMPOUNDING

- When the approved drug is inadequate for compounding
 - Concentration too low
 - Negative effects on quality
 - Patient cannot tolerate it
 - Flavoring cannot mask objectionable taste



NEEDS FOR COMPOUNDING – EX.

- Lack of appropriate dosage size
 - Available drugs too large for some cats, dogs, exotics
 - Available drugs too small for some wildlife, exotics, zoo animals
- Lack of formulation
 - liquid, transdermal, ophthalmic, etc.
- Lack of availability
 - Recalls, production problems (temporary)
 - No FDA approved drug (cisapride, metronidazole benzoate)



INAPPROPRIATE COMPOUNDING

- Mimics
- Economics



INAPPROPRIATE COMPOUNDING

- Compounding from bulk ingredients when the formulation can be reasonably made from an FDA approved drug
 - Compounding: any manipulation of an (approved) drug beyond that stipulated on the label
 - Manufacturing: using bulk ingredients (Active Pharmaceutical Ingredients or API) for a drug formulation. These are unapproved new animal drugs, which are subject to FDA approval (per FDA and according to federal courts).



COMPOUNDING LIMITATIONS

- Lack of studies / data demonstrating:
 - Efficacy – does the product work?
 - Stability – how long is the “shelf” life?
 - Purity – are there other ingredients in the formulation which may be harmful?
 - Potency - actual amount of drug in the formulation, is the correct amount there?
 - Sterility (ophthalmic, injectable products)
 - are sterile products actual sterile?



COMPOUNDING LIMITATIONS

- Lack of studies / data demonstrating:
 - Bioequivalence – similar rate and extent of drug absorption as an approved drug
 - Higher or lower peak concentrations or extent of absorption leading to toxicity or treatment failure
 - Dissolution – does the oral formulation dissolve similarly to the FDA approved drug.
 - PLO fluoxetine is only 10% absorbed compared to PO fluoxetine. Higher doses do not overcome poor absorption.



AVMA POLICIES

- Veterinary Compounding Policy
- Bulk Compounding policies
 - For non-food animals
 - For food animals



AVMA RESOURCES

- AVMA Compounding webpage
- Compounding 101 video



AVMA RESOURCES

- Ashley Morgan, Governmental Relations
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