American Pharmacists Association

June 18, 2025

The Honorable Martin A. Makary, M.D., M.P.H.
Commissioner of Food and Drugs
Food and Drug Administration (FDA)
10903 New Hampshire Avenue
Silver Spring, MD 20993

RE: Follow-Up to May 22, 2025, Staff Meeting Regarding Enhancing Patient Safety with Compounded GLP-1 Receptor Agonists

Dear Commissioner Makary,

The American Pharmacists Association (APhA) writes to submit our concerns from APhA's listening session with FDA on May 22, 2025, regarding the current environment surrounding GLP-1 receptor agonists and outline recommendations to enhance patient safety. APhA thanks FDA for arranging and attending this listening session and collaboration in the future to implement these recommendations to improve patient safety.

APhA is the only organization advancing the entire pharmacy profession. It represents pharmacists, student pharmacists, and pharmacy technicians in all practice settings, including—but not limited to—community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care, and enhance public health.

The popularity of GLP-1 receptor agonists, drug shortages, and difficulties obtaining some of these medications due to affordability and other factors have led more companies to offer compounded versions. Coinciding with this demand, new platforms and models of dispensing these medications have grown, creating various patient safety concerns. With some of these models, there is a concern that patients are not being adequately educated on administering the product and the potential for adverse events. FDA has alerted the public to the potential for dosing errors when using these medications.[1] Additionally, FDA has published its concerns

[1] *FDA Alerts Health Care Providers, Compounders and Patients of Dosing Errors Associated with Compounded Injectable Semaglutide Products*, FDA (July 26, 2024). Available at: https://www.fda.gov/drugs/human-

related to unapproved GLP-1 receptor agonists used for weight loss, including the number of adverse events being reported associated with compounded versions of GLP-1 receptor agonists (520 reports associated with compounded semaglutide and 480 reports associated with compounded tirzepatide as of April 30, 2025), and the use of incorrect salt forms in the preparation for some of these products.[2] Marketing related to these products and programs may also lead to patient confusion about the fact that they are compounded products, which carry different risks than FDA-approved medications.[3]

Given these concerns and reported patient safety issues, APhA met with FDA to explore how FDA could preserve appropriate access to compounded GLP-1s while mitigating patient safety risks. Some of the recommendations discussed during this meeting are below:

(1) FDA should consider adding a standardized auxiliary warning label to reinforce risk awareness to all compounded GLP-1 receptor agonists via publication of FDA guidance or rulemaking.
(2) FDA should recommend patient counseling and document informed consent protocols for GLP-1 receptor agonists in collaboration with state pharmacy boards and professional pharmacy organizations.
(3) FDA should clarify clear exemptions from any inclusion of GLP-1 receptor agonists on the "Demonstrably Difficulties for Compounding" (DCC) List.

Standardized Auxiliary Warning Label

Patients struggle to understand that a compounded GLP-1 receptor agonist is not an FDA-approved product and may carry additional risks that an FDA-approved product would not, especially given the current marketing strategies implemented by some of these companies.[4]

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drug-compounding/fda-alerts-health-care-providers-compounders-and-patients-dosing-errors-associated-compounded.

[2] *FDA's Concerns with Unapproved GLP-1 Drugs Used for Weight Loss*, FDA (May 30, 2025). Available at: https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/fdas-concerns-unapproved-glp-1-drugs-used-weight-loss#:~:text=Illegally%20marketed%20versions%20of%20these%20drugs%20*,much%20or%20no%20active%20ingredient%20at%20all.

[3] T. Joseph Mattingly II & Rena M. Conti, *Marketing and Safety Concerns for Compounded GLP-1 Receptor Agonists*, 6 JAMA Health Forum e245015 (2025). Available at: https://jamanetwork.com/journals/jama-health-forum/fullarticle/2829222.

[4] Luke Halpern, *Concerns Surrounding Compounded GLP-1s Mount As Shortages of Tirzepatide, Semaglutide End*, Pharmacy Times (Mar. 20, 2025). Available at: https://www.pharmacytimes.com/view/concerns-surrounding-compounded-glp-1s-mount-as-shortages-of-tirzepatide-semaglutide-end. *See also* T. Joseph Mattingly II & Rena M. Conti, *Marketing and Safety Concerns for Compounded GLP-1 Receptor Agonists*, 6 JAMA Health Forum e245015 (2025). Available at: https://jamanetwork.com/journals/jama-health-forum/fullarticle/2829222.

The addition of a standardized auxiliary warning label would increase transparency, lead to better patient understanding, and prevent misuse. The following statement could serve as an example for such a label: "This compounded product is NOT FDA-approved and has not been evaluated for safety, effectiveness, or quality by the FDA. Use with caution." Currently, FDA only requires that compounded drugs be labeled with a statement like "This is a compounded drug."[5] Stronger language will give patients a clear visual affirmation that this product differs from FDA-approved alternatives. Additionally, the added language in the proposed example above highlights an emphasis on dispensing safety and the importance of patient awareness. This is especially important for products dispensed through telehealth and mail-order models, where pharmacist and provider counseling may be inconsistent. APhA supports mechanisms that advance patient safety and increase patients' understanding of their prescribed medications.

Patient Counseling and Informed Consent Protocols

As previously mentioned, FDA has alerted the public about the prevalence of dosing errors with compounded GLP-1 receptor agonists and the reports of adverse events associated with their use.[6] By recommending patient counseling and documented informed consent for compounded GLP-1s, patients will be better educated about how to properly use the medication and more informed about the products that they are receiving. FDA could accomplish this goal by working with state boards of pharmacy and professional pharmacy organizations. By recommending patient counseling, patients will know how to administer the medication properly, recognize potential adverse events, and ask any other questions they may have. Pharmacist counseling should include education on syringe technique, administration, and recognition of side effects. By recommending the issuance and signing of an informed consent form, appropriate regulatory bodies will be able to ensure that patients are properly educated on the administration of the product and are not misled about its use. The standardized informed consent form could include provisions related to patient acknowledgment of education on proper administration techniques, potential risks, and the fact that the product is not FDA-approved. Medication dispensing could be conditioned on receiving an informed consent form signed by the patient. APhA supports pharmacists in educating patients about any safety concerns of their medications, including the FDA approval

[5] 21 U.S.C. § 353b(a)(10)(A)(i).

[6] *FDA Alerts Health Care Providers, Compounders and Patients of Dosing Errors Associated with Compounded Injectable Semaglutide Products*, FDA (July 26, 2024). Available at: https://www.fda.gov/drugs/human-drug-compounding/fda-alerts-health-care-providers-compounders-and-patients-dosing-errors-associated-compounded. *FDA's Concerns with Unapproved GLP-1 Drugs Used for Weight Loss*, FDA (May 30, 2025). Available at: https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/fdas-concerns-unapproved-glp-1-drugs-used-weight-loss#:~:text=Illegally%20marketed%20versions%20of%20these%20drugs%20*,much%20or%20no%20active%20ingredient%20at%20all.

status of their drug products. Additionally, APhA encourages health care professionals to consider FDA approval status of prescription drug products when making decisions about prescribing, dispensing, and substituting compounded or other medications.

Clarifying Compounding Exemptions for GLP-1s

Some manufacturers of branded GLP-1 receptor agonists have petitioned FDA for their products to be included on the DCC List, given the complexity of some of the formulations and the required physicochemical or analytical testing of the drug products.[7] This inclusion could limit patient access. If FDA considers adding GLP-1 receptor agonists to the DCC List, there must also be clear conditional exceptions that will allow FDA to preserve required patient access while limiting exposure to potential harm from substandard compounded products. Some possible exceptions that balance the need for greater oversight and patient access include (1) documentation of medical necessity and FDA-approved indication on the prescription, (2) compounding permitted under sterile conditions by 503B outsourcing facilities with current registration and inspection history, or (3) additional counseling or labeling requirements (like those described above). If effectively implemented, conditional exceptions for prescribers and pharmacies following the inclusion of GLP-1 receptor agonists will protect patients' access to these medications during a drug shortage while reducing the risk of harm from substandard products. APhA encourages FDA to review the complexities associated with compounding GLP-1 receptor agonists and ensure patient access to compounded products is not limited during drug shortages.

APhA appreciates FDA's attention to these patient safety concerns. Addressing these issues will ensure patients fully understand any additional risks associated with utilizing compounded medications, are educated on the proper use of these medications, and are receiving high-quality compounded medications. If you have any questions, want to arrange a meeting with APhA on this topic, or need additional information, please contact Corey Whetzel, Senior Manager, Regulatory Affairs, at cwhetzel@aphanet.org.

Sincerely,

Michael Baxter

Michael Baxter
Vice President, Government Affairs

[7] Jessa Boubker, et al., *GLP-1 Drugs: Brand Companies Push FDA to Limit Compounding*, Foley & Lardner LLP (Dec. 2, 2024). Available at: https://www.foley.com/insights/publications/2024/12/glp-1-drugs-brand-companies-push-fda-limit-compounding/.