Repackaging of Medications from Other Pharmacies

To: Tim Webster  
American Society of Consultant Pharmacists

From: Barbara H. Ryland  
MICHAELS, WISHNER & BONNER, P.C.

Subject: Repackaging Certain Prescription Drugs
Date: April 2, 1998
CC: Leigh Davitian

The American Society for Consultant Pharmacists ("ASCP") has asked us to evaluate some of the issues that could arise if a pharmacy repackages prescription drugs into a unit dose package after they have been dispensed by another pharmacy in a traditional "loose" oral dosage form.

ASCP members frequently contract with long-term care facilities to dispense drugs to their residents, and typically dispense those drugs in a "unit dose" package. A unit dose package makes the administration of drugs more convenient and less susceptible to errors (such as administering too much or too little of the drug at one time). Residents of the facility are free to obtain drugs from the pharmacy of their choice, however, and pharmacies that are not under contract with the facility often do not dispense drugs in a unit dose package. Some of ASCP’s members have been asked by long-term care facilities with which they contract to repackage prescription drugs dispensed by other pharmacies to facility residents in a loose oral dosage format. These ASCP members are concerned that repackaging drugs in this circumstance is inappropriate under state and federal law guidelines, or that it may subject them to enhanced professional liability.

We are in agreement with the concerns expressed by ASCP members that repackaging previously dispensed drugs into unit dose
containers may be inappropriate under the FDA’s Compliance Policy Guide for repackaging and return of unused medications, as well as various state laws that regulate the practice of pharmacy. Moreover, we believe that such repackaging raises liability concerns for pharmacies.

The Food and Drug Administration ("FDA") has issued a Compliance Policy Guide (CPG 7132b.10) to assist pharmacies and other entities that repackage drugs in complying with FDA rules regarding the manufacture, distribution, and dispensing of prescription drugs. Repackaging is generally done by entities that purchase directly from manufacturers for resale to pharmacies, and that may be required to obtain a specific state license for their repackaging activities. Nonetheless, the CPG applies to all firms that package drugs into unit dose containers, and is not expressly limited to entities that are engaged solely or primarily in the business of repackaging. The guideline would thus be applicable to pharmacies repackaging drugs from sources other than the manufacturer, even if the pharmacy is not required to be licensed as a repackaging entity under state law.

In order to repackage a prescription drug, a repackaging entity, including a pharmacy, must have specific information, and such information must appear on the label of the unit dose container. Without the following information, a unit dose package of a prescription drug is considered to be misbranded under CPG 7132b.10:

1. Name of the drug and quantity of the active ingredient per dosage unit;

2. Expiration date;

3. Lot or control number;

4. Name and place of business of the manufacturer, packer, or distributor; and

5. Required statements regarding refrigeration or bearing on the special characteristics of the drug.
It is unclear that a pharmacy engaged in repackaging will be able to obtain this information for tablets or capsules that have been originally dispensed by another pharmacy. Several items do not appear on the label that is affixed to the prescription drug vial containing the tablets or capsules. The repackaging pharmacy would likely have to contact the pharmacy that originally dispensed the drug in order to obtain several required elements, particularly the lot or control number that would permit the pharmacy to recall the drug if necessary, and the identity of the manufacturer (for a generic drug, in any event). However, it is not clear that this information could be easily transmitted by the originating pharmacy, since some of these items (such as the control number) are not required to be provided as part of a prescription transfer for purposes of refill. Hence, while information such as the lot or control number is likely to be in the originating pharmacy’s records, it may not necessarily be accessible to individual pharmacists or customer representatives. Moreover, the accuracy of such information cannot be verified by the repackaging pharmacy.

Compliance Policy Guideline 7132.13 makes it relatively clear that the FDA did not anticipate that repackaging would involve drugs that have previously been dispensed pursuant to an individual prescription. CPG 7132.13 clarifies that repackagers are not required to separately undertake testing procedures associated with good manufacturing practices, but only if the following is true:

1. The incoming bulk containers of finished dosage form drug products are received intact, in undamaged containers which are completely and properly labeled as received, and there is no reason to suspect that they have been subjected to improper storage or transit conditions prior to receipt; and

2. The repackaged containers are labeled with the same substantive labeling declarations (e.g., identity, strength, and directions for use) concerning the properties and use of the drug product which are consistent with the labeling on the incoming bulk containers.

It is possible to argue that these requirements are simply inapplicable when repackaging drugs that have not been received in bulk.
However, the concern that a drug has been subjected to improper storage or transit conditions prior to receipt is, if anything, even greater when the repackaging involves non-bulk drugs. It is difficult to see how this concern can be adequately addressed by a pharmacy that is repackaging a large number of individually packaged prescription drugs, particularly since it has no pre-existing relationship with the original packager (unlike its relationship with a wholesale distributor or manufacturer).

It is also unclear that the practice of repackaging previously dispensed prescription drugs is in compliance with state laws that prohibit the return of unused prescription drugs to pharmacy stock. For instance, under section 64B16-28.118 of the Florida Board of Pharmacy Regulations, a pharmacist may not accept for return any part of any prescription unless the drug is delivered through a "closed drug delivery system" and has been packaged in a unit dose format that is sealed and clearly labeled, including being labeled with the manufacturer’s control number. A closed drug delivery system is defined as a "system in which the actual control of the unit dose medication is maintained by the facility rather than the individual patient." Hence, under this regulation, a pharmacy may never accept for return a prescription that has been dispensed in a loose oral dosage format, and may never accept for return a prescription that is not accompanied by the manufacturer’s control number.

The FDA also strongly discourage the practice of accepting unused prescription drugs for return, in a separate Compliance Policy Guideline (CPG 7132.09):

"A pharmacist should not return drug products to his stock once they have been out of his possession. It could be a dangerous practice for pharmacists to accept and return to stock the unused portions of prescriptions that are returned by patrons, because he would no longer have any assurance of the strength, quality, purity or identity of the articles.

"Many state boards of pharmacy have issued regulations specifically forbidding the practice. We endorse the actions of these State boards as being in the interest of public health.
"The pharmacist or doctor dispensing a drug is legally responsible for all hazards of contamination or adulteration that may arise, should he mix returned portions of drugs to his shelf stocks. Some of our investigations in the past have shown that drugs returned by patrons and subsequently resold by the pharmacist were responsible for injuries."

Again, it is arguable that the concern related to returning prescription drugs to stock which is expressed in the Florida law and FDA CPG, is inapplicable where the pharmacist is merely taking a quantity of drugs on behalf of an individual patient and putting the same tablets or capsules in a different package for the same person. Nonetheless, these drugs were never in the pharmacist’s possession, and the pharmacist has no way of assuring "the strength, quality, purity or identity of the articles" that he is being asked to repackage. Clearly, the pharmacist would be under a professional duty to check the items he is being asked to repack, and it is likely that he could be held liable for the contamination or adulteration that could arise as a result of dispensing, or repackaging, such drugs.

In addition, as discussed above, without the control or lot number identification of the tablets or capsules, the prescription would be considered "misbranded" under the FDA’s labeling rules once it has been repackaged. The pharmacist is required to keep track of the control number even where the tablets or capsules are returned to the same person who originally received them in the loose oral dosage packaging form. This regulation is intended to permit manufacturers and distributors to identify and protect individuals who may have received medications that are the subject of a recall or other regulatory action. The pharmacist’s inability to assure the identity of the tablets or capsules raises clear issues of liability in the event that a product is determined to be defective but recipients cannot be properly identified.

Copies of the compliance policy guidelines are attached hereto.

**Food and Drug Administration Compliance Policy Guide**
Sec. 460.300 Return of Unused Prescription Drugs to Pharmacy Stock (CPG 7132.09)

POLICY:

A pharmacist should not return drugs products to his stock once they have been out of his possession. It could be a dangerous practice for pharmacists to accept and return to stock the unused portions of prescriptions that are returned by patrons, because he would no longer have any assurance of the strength, quality, purity or identity of the articles.

Many state boards of pharmacy have issued regulations specifically forbidding the practice. We endorse the actions of these State boards as being in the interest of public health.

The pharmacist or doctor dispensing a drug is legally responsible for all hazards of contamination or adulteration that may arise, should he mix returned portions of drugs to his shelf stocks. Some of our investigations in the past have shown that drugs returned by patrons and subsequently resold by the pharmacist were responsible for injuries.

Issued: 10/1/80

Sec. 480.200 Expiration Dating of Unit Dose Repackaged Drugs (CPG 7132b.11)

BACKGROUND:

Unit dose packaging systems are currently widespread in health care. Some unit dose containers are available directly from manufacturers and repackers, and some drugs are packaged into unit dose containers by hospital/community pharmacies or shared service establishments. A shared service repackaging operation is one which exclusively serves one or more hospitals and/or related institutions, each having separate or no pharmacy services, and each having
responsibility for restricting distribution of those drugs received from
the shared service to the institution.

The nature of drug distribution within hospitals in particular has
made such packaging useful and convenient in assuring proper
administration of medication to patients. Questions have arisen,
however, as to whether drugs thus repacked need expiration dates
based on stability data on the drugs in the unit dose containers. The
issue gained sharper focus with the inclusion of pharmacopeial
standards for Single Unit Containers and Unit Dose Containers for
Capsules and Tablets published in the General Tests section of the
Fifth Revision to the Nineteenth Edition of the United States
Pharmacopeia (changes official May 1, 1979). In light of these
standards, under certain conditions the Food and Drug
Administration would not ordinarily deem it necessary for health
protection, nor for assurance of stability of the drug, to require that
stability studies be done on the drug in the unit dose container.

The Current Good Manufacturing Practice Regulations require that,
with certain exceptions, drug products must bear expiration dates
derived from tests conducted on samples stored in the same
immediate container closure system in which the drug is marketed.
This is to ensure the drugs' safety and efficacy over their intended
*shelf-life*. Concerning the issue of repackaging into unit dose
containers, we interpret compliance with the conditions enumerated
in this guide to meet the stability requirements of the CGMP
regulations.

POLICY:

No action will be initiated against any unit dose repackaging firm,
including shared services, or drug product in a unit dose container
meeting all other conditions of FDA's repackaging requirements
solely on the basis of the failure of the repackaging firm to have
stability studies supporting the expiration dates used, provided:

1. The unit dose container complies with the Class A or Class B
standard described in the twentieth Edition of the United States
Pharmacopeia, General Tests, Single-Unit Containers and
Unit-Dose Containers for Capsules and Tablets (page 955)
2. The expiration date does not exceed six months; and

3. The six month expiration period does not exceed 25 per cent of the remaining time between the date of repackaging and expiration date shown on the original manufacture's bulk container of the drug repackaged, and the bulk container has not been previously opened.

This policy only applies to solid and liquid oral dosage forms in unit dose containers. We will continue to impose all requirements on other dosage forms and other types of packages.

EXCEPTIONS:

This policy does not apply to antibiotics or to nitroglycerin sublingual tablets which are known to have stability problems that preclude them from being repackaged.

*Material between asterisks is new or revised*

Issued: 2/1/84
Revised: 3/95

Sec. 480.300 Lack of Expiration Date of Stability Data (CPG 7132a.10)

BACKGROUND:

*The CGMP regulations (21 CFR 211.137) have required that drug products packaged since September 29, 1979, bear an expiration date which is supported by appropriate stability data, with limited exceptions. OTC drug products which have no dosage limitation and which are stable for at least three years as demonstrated by appropriate data are exempt from the requirement to bear an expiration date. Homeopathic drugs, while required to have a limited evaluation of stability, are also exempt from the requirement to bear an expiration date. Additionally, allergenic extracts that are labeled "No U.S. Standard of Potency" are exempt from the requirements to be labeled with an expiration date and the performance of stability studies.*
Section 211.166 requires a firm to have a written stability program, the results of which are to be used in determining appropriate storage conditions and a product's expiration date and specifies what must be included in the stability program.

In addition, the USP requires that the labels of all pharmacopeial dosage forms bear an expiration date.

REGULATORY ACTION GUIDANCE:

District offices are authorized to issue *Warning Letters without Office of Compliance, HFD-300*, review under the following circumstances:

1. A non-compendial drug product intended for internal use does not bear an expiration date and is not exempt by regulations.


2. A prescription drug product for which it has been determined that stability studies do not exist.

   Charge: 501(a)(2)(B), 21 CFR 211.166

Examples of the wording to be used in a *warning letter* are as follows:

501(a)(2)(B) Your product, (name of product), is adulterated in that the controls used for the manufacture, processing, packing, or holding of this drug product are not in conformance with current good manufacturing practice regulations (Title 21, Code of Federal Regulations, Parts 210 and 211).

Specific Violations are:

There is no assurance that the product meets applicable standards of identity, strength, quality, and purity at the time of use in that it does not bear an expiration date (211.137).

You have not performed stability testing of your product and
therefore are unable to appropriately determine storage conditions designed to assure the stability of your drug product (211.166).

NOTE: If appropriate, misbranding [502(g)] may be charged when a USP drug product intended for internal use does not bear an expiration date and is not exempt by regulations. Example of the wording to be used in a *warning letter*:

502(g) The article (name of the drug product) is misbranded in that it purports to be a drug, the name of which is recognized in an official compendium and the label fails to bear an expiration date as prescribed therein.

All other cases should be referred to the Office of Compliance, *HFD-300*, or as identified in *CPG 7132a.04 (See Sec. 480.100) or* specific compliance programs, in the usual manner.

*Material between asterisks is new or revised*

Issued: 1/16/84
Revised: 9/4/87, 3/95

Sub Chapter 430
Labeling and Repackaging

Sec. 430.100 Unit Dose Labeling for Solid and Liquid Oral Dosage Forms (CPG 7132b.10)

BACKGROUND:

In recent years the pharmaceutical industry has responded to an increased demand for drug products which are packaged for "unit dose" dispensing, i.e. the delivery of a single dose of a drug to the patient at the time of administration for institutional use, e.g., hospitals. The drug product is dispensed in a unit dose container--a non-reusable container designed to hold a quantity of drug intended
for administration (other than the parenteral route) as a single dose, directly from the container, employed generally in a hospital unit dose system. The advantages of unit dose dispensing are that the drug is fully identifiable and the integrity of the dosage form is protected until the actual moment of administration. If the drug is not used and the container is intact, the drug may be retrieved and redispensed without compromising its integrity.

In view of the intended use of unit dose packaging, each unit dose container is regarded as a drug in package form subject to all requirements of the Act and implementing regulations. However, the pertinent labeling regulations [21 CFR 201.10(i) and 201.100] present problems in interpretation in that they are inconsistent with respect to exemptions for containers too small or otherwise unable to accommodate a label with sufficient space to bear all mandatory information. As a result of several recent regulatory actions emphasizing these inconsistencies, the regulations will be rewritten in the future to clarify the requirements.

Because of the general lack of uniformity in the labeling for unit dose containers due to inconsistent interpretations of the regulations, or to a lack of knowledge of unit dose labeling requirements, we are issuing this Compliance Policy Guide (CPG).

This CPG does not encompass "Unit of Use" packaging which is defined as a method of preparing a legend medication in an original container, sealed and labeled, prelabeled by the manufacturer, and containing sufficient medication for one normal course of therapy. (Reference: Proceedings Unit of Use Packaging Conference, January 24-26, 1979).

POLICY:

Until the regulations are revised, the attached document describes the labeling requirements for oral solid and liquid dosage forms packaged in unit dose containers. The requirements apply to all firms which package drugs into unit dose containers.

Since unit dosage forms are primarily intended for institutional use rather than sale to the general public, we will not require the
warnings described in 21 CFR, Part 369 or the statements described under item 6.b. (Section I and II) of Attachment A to be on the label; however, this information must appear elsewhere in the labeling.

Where unit dose repacking is performed by a single facility for a closed membership or group (e.g. "shared services") a current package insert, bearing adequate directions for use, located on the premises of each member to whom the repacked goods are shipped is regarded as satisfying this requirement. The absence of such a current package insert on the premises of a member to which a drug product is shipped will cause that drug product to be misbranded.

Solid and liquid oral dosage forms in unit dose containers shall be deemed misbranded under Section 502 of the Act if they deviate from the attached list of requirements.

Other unit dose forms, e.g., topical ointments/creams, ophthalmic, etc. are not included in this document. They will be considered at a future date should circumstances warrant.

ATTACHMENT A

UNIT DOSE LABELING

I. PRESCRIPTION DRUGS (Solid and Liquid Oral Dosage Forms, e.g., Capsules, Tablets, Solutions, Elixirs, Suspensions, etc.)

The label of the actual unit dose container must bear all of the following information (except item 9).

NOTE: A firm may not claim an exemption on the basis that the label is too small to accommodate all mandatory information if all available space is not utilized or the label size can readily be made larger, or if the type size on the label can readily be made smaller without affecting the legibility of the information.

1. The established name of the drug and the quantity of the active ingredient per dosage unit, if a single active ingredient product; if a combination drug, the established name and quantity of each active ingredient per dosage unit. In each case, the label
must bear the established name and quantity or proportion of any ingredient named in Section 502(e) whether active or not. For solid dosage forms, a declaration of potency per tablet/capsule will suffice; for liquid dosage forms, the total volume shall be declared as well as the quantity or proportion of active ingredient contained therein, e.g., Cimetidine HCL Liquid 5 ml, 300 mg/5 ml or 300 mg per 5 ml; or Septra/Bactrim Suspension 5 ml, contains Trimethoprim 40 mg and Sulfamethoxazole 200 mg per 5 ml; or each 5 ml contains...

2. The expiration date (see Attachment B). (Ref. 21 CFR 201.17, 211.137).

3. The lot or control number. [Ref. 21 CFR 201.100(b), 211.130].

4. The name and place of business of the manufacturer, packer, or distributor as provided for in 21 CFR 201.1.

5. For a drug recognized in an official compendium, the subject of an approved new drug application (NDA/ANDA) or as provided by regulation:

   A. Required statements such as "Refrigerate", "Protect From Light", "Dilute Before Using", etc., [Ref.: FD&C Act 502(f)(1), 502(g), and 505].

   B. Any pertinent Statement bearing on the special characteristics of the dosage form, e.g., sustained release, enteric coated, chewable, suspension, etc.; [Ref. FD&C Act 502(e), 502(a), 201(n)].

6. For any drug product, not subject to 5:

   A. Any pertinent statement bearing on special characteristics of the dosage form, e.g., sustained release, enteric coated, sublingual, chewable, solution, elixir, suspension, etc.; [Ref. FD&C Act 502(e), 502(a), 201(n)].

   B. While not required to be on the label per se, it is strongly
recommended that:

1. Any pertinent statement bearing on the need for special storage conditions, e.g., "Refrigerate", "Do not Refrigerate", "Protect from Light", etc., [Ref. FD&C Act 502(f)(1)] appear on the label, and

2. Any information needed to alert the health professional that a procedure(s) is necessary prior to patient administration to prepare the product as a finished dosage form, e.g., "Shake Before Using" [Ref: FD&C Act 502(f)(1)].

7. If more than one dosage unit is contained within the unit dose container (solid dosage form), the number of dosage units per container and the strength per dosage unit should be specified (e.g., two capsules; each capsule contains 300 mg. Rifampin).

8. The statement "Warning: May be habit forming" where applicable, the controlled drug substances symbol required by Drug Enforcement Administration (DEA), and the name and quantity or proportion of any substance as required by Section 502(d).

9. The National Drug Code designation is recommended, although this is not mandatory.

In addition to all of the above (except item 9), the following information must appear on the outer package from which the unit dose container is dispensed:

1. The number of unit dose containers in the package, e.g., 100 unit doses. If more than one dosage unit is within each unit dose container this should also be stated (e.g., "100 packets; each packet contains two tablets," or "100 packets of two tablets each.").

2. Full disclosure information, as detailed in 21 CFR 201.100.
Where unit dose repacking is performed by a single facility for a closed membership or group (e.g., "shared services") a current package insert bearing adequate directions for use, located on the premises of each member to whom the repacked goods are shipped is sufficient to satisfy this requirement. The absence of such a current package insert on the premises of a member to which a drug is shipped will cause that drug to be misbranded.

3. The prescription legend.

II. OVER THE COUNTER DRUGS (Solid and Liquid Oral Dosage Forms, e.g. Capsules, Tablets, Elixirs, Suspension, etc.)

The label of the actual unit dose container must bear all of the following information (except item 9).

NOTE: A firm may not claim an exemption on the basis that the label is too small to accommodate all mandatory information if all available space is not utilized, the label size can be made larger, or if the type size on the label can readily be made smaller without affecting the legibility of the information.

1. The established name of the drug if it contains a single active ingredient; if a combination drug, the established name of each active ingredient. If a compendial drug, the label must express the quantity of each therapeutically active ingredient contained in each dosage unit, e.g., Aspirin Tablets, 325 mg., (USP - General Notices), and the quantity or proportion of any ingredient, whether active or not, as required by Section 502(e).

2. The expiration date (see attachment B).

3. The lot or control number.

4. The name and place of business of the manufacturer, packer, or distributor as provided for in 21 CFR 201.1.

5. For a drug recognized in an official compendium, the subject
of an approved new drug application (NDA/ANDA) or as provided by regulation:

A. Required statements such as "Refrigerate", "Protect from Light", "Dilute Before Using", etc.; [Ref. FD&C Act 502(f)(1), 502(g), and 505].

B. Any pertinent statement bearing on special characteristics of the dosage form, e.g., sustained release, enteric coated, chewable, suspension, etc.; [Ref. FD&C Act 502(e), 502(a), 201(n)].

6. For any drug product not subject to 5:

A. Any pertinent statement bearing on special characteristics of the dosage form, e.g., sustained release, enteric coated, sublingual, chewable, solution, elixir, suspension, etc.; [Ref. FD&C Act 502(e), 502(a), 201(n)].

B. While not required to be on the label per se, it is strongly recommended that:

1. Any pertinent statement bearing on the need for special storage conditions, e.g., "Refrigerate", "Do not Refrigerate", "Protect from Light", etc., [Ref. FD&C Act 502(f)(1)], appear on the label, and

2. Any information needed to alert the user that a procedure(s) is necessary prior to patient administration to prepare the product for use, e.g., "Shake Well", "Dilute Before Using" [Ref: FD&C Act 502(f)(1), 21 CFR 201.5].

7. If more than one dosage unit is contained within the unit dose container, the number of dosage units per container should be specified (e.g., two tablets aspirin; each tablet contains 325 mg).

8. The statement "Warning: May be habit forming" where applicable, the controlled drug substances symbol required by
DEA, and the name and quantity or proportion of any substance required by Section 502(d).

9. The National Drug Code designation is recommended, although this is not mandatory.

In addition to all of the above (except item 9), the following information must appear on the outer package from which the unit dose container is dispensed:

1. The number of unit dose containers in the package. If more than one dosage unit is within each unit dose container this should also be stated (e.g., "100 packets; each packet contains two tablets," or "100 packets of two tablets each.")

2. The labeling, i.e., the outer carton or a leaflet enclosed within the package must bear adequate directions for use as specified in 21 CFR 201.5 and should include:

   A. Statement of all conditions, purposes, or uses for which the drug product is intended.

   B. Quantity of dose, including usual quantities for each of the uses for which it is intended and usual quantities for persons of different ages and conditions.

   C. Frequency of administration.

   D. Duration of administration.

   E. Time of administration (in relation to time of meals, time of onset of symptoms, or other time factors).

ATTACHMENT B

EXPIRATION DATING OF SOLID AND LIQUID ORAL DOSAGE FORMS IN UNIT DOSE CONTAINERS. (See CPG 7132b.11).

No action will be initiated against any unit dose repackaging firm,
including shared services, or drug product in unit dose container meeting all other conditions of FDA's repackaging requirements, solely on the basis of the failure of the repacking firm to have stability studies supporting the expiration dates used provided:

1. The unit dose container complies with the Class A or Class B standard described in the Twentieth Edition of the United States Pharmacopeia, General Tests, Single-Unit Containers and Unit-Dose Containers for Capsules and Tablets (page 955); and

2. The expiration date does not exceed six months; and

3. The six month expiration period does not exceed 25 per cent of the remaining time between the date of repackaging and the expiration date shown on the original manufacturer's bulk container of the drug repackaged, and the bulk container has not been previously opened.

This policy does not apply to antibiotics or to nitroglycerin sublingual tablets which are known to have stability problems that preclude them from being repackaged.

Issued: 2/1/84

Sec. 430.200 Repacking of Drug Products - Testing/Examination under CGMPs (CPG 7132.13)

BACKGROUND:

Questions have periodically arisen regarding how various testing and/or examination requirements under the CGMP regulations (21 CFR Parts 210 and 211) are to be applied to repackers of finished dosage form drugs. In particular, there have been questions regarding whether it is appropriate to apply various "component" requirements in the CGMPRs (such as those under Section 211.84 concerning identity testing and analysis or receipt of a report of analysis for purity, strength, and quality) to finished dosage form drugs which an establishment receives and repackages. It has also been questioned how the requirements under 211.165 are to be applied to repackers,
insofar as the requirements for appropriate laboratory determination for identity and strength of each active ingredient prior to release are concerned.

We have carefully considered the suitability of applying the requirements concerning "components" in the CGMPRs to repackers of finished dosage form drugs. Due to the definitions of "component" under 210.3(b)(3) and "drug product" under 210.3(b)(4), we have concluded that the requirements for "components" under Part 211 cannot be suitably applied to finished dosage form drugs which are received by an establishment and repackaged without alteration to the "drug product" itself.

In the preamble to the final order for the CGMP regulations, it is pointed out in regards to a manufacturer that there is no intent under 211.165(a), once the product is in its finished dosage form, to require potency testing of both the bulk and packaged drug product phases, and that manufacturers could choose to do potency assays at either phase (43 FR 45062, paragraph 389). We believe a similar principle is applicable to drug product repackers; where the manufacturer of the finished dosage form in a bulk container is required to perform appropriate analytical testing for all appropriate specifications, including the identity and strength of each active ingredient, we do not consider it necessary for the repacker to repeat such testing upon such drug products he receives and repacks with label declarations consistent with those on the bulk container and without altering the properties of the finished dosage form product.

POLICY:

Generally, we do not consider the CGMP regulations (21 CFR Parts 210 and 211) to require repackers of finished dosage form drugs to perform analytical testing such as chemical identity tests or assays, or to require receipt of reports of analysis, on a batch-by-batch basis for drug products which are repacked under the following circumstances:

1. The incoming bulk containers of finished dosage form drug products are received in intact, undamaged containers which are completely and properly labeled as received, and there is
no reason to suspect they have been subjected to improper storage or transit conditions prior to receipt;

2. The repacking operations are conducted under conditions which assure that the properties of the incoming drug product are not altered;

3. The repackaged containers are labeled with the same substantive labeling declarations (e.g. identity, strength, and directions for use) concerning the properties and use of the drug product which are consistent with the labeling on the incoming bulk containers.

Under such circumstances we consider that requirements for appropriate specifications and testing/examination procedures for repacked drug products will be met by an appropriate system involving examination of the labeling and sufficient organoleptic examination of the drug product to confirm its identity in accordance with corresponding specifications established by the repacker.

The policy in this Compliance Policy Guide applies only to the question of adequate batch-to-batch testing/examination criteria for routine acceptance and release of drug products which are repacked. It does not alter any testing which repackers may be required to perform on drug products from other standpoints, such as any stability testing required in order to establish appropriate expiration dates in the container-closure system used by the repacker, testing which may be required to determine the suitability of the repacker's drug product containers and closures, testing which may be necessary to establish appropriate time limits for the completion of each phase of production, or testing which may be required on non-penicillin drug products for the presence of penicillin.

Issued: 7/1/81