Request to Compound under the Food and Drug Administration's Temporary Policy for Compounding of Certain Drugs for Hospitalized Patients by Pharmacy Compounders not Registered as Outsourcing Facilities During the COVID-19 Public Health Emergency

Hospital Name:_____

Hospital Address:_____

If the hospital has a licensed pharmacy, provide the pharmacy permit number:_____

Printed name of authorized hospital representative:_____

Hospital representative's e-mail address:_____

Verification statement: As the hospital's authorized representative, I verify that hospital staff has contacted wholesalers, distributors, manufacturers and outsourcing facilities and is unable to obtain sufficient drug stock necessary to treat the hospital's hospitalized COVID-19 patients. We have reached out to the 503A compounding pharmacy listed on this form to provide the following drug(s) necessary to treat the hospital's hospitalized COVID-19 patients:

_____

List of products (must be aqueous solutions for injection and be included in Appendix A of the Food and Drug Administration's Temporary Policy)

I verify that the hospital will provide to the pharmacy, to the extent allowed by applicable laws, records that identify the patients to whom the drugs were administered. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. § 4911. I verify that the statements in this form are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

_____ _____

Hospital Representative's Signature Date (month/day/year format)

Pharmacy Name:_____

PA pharmacy permit or PA nonresident pharmacy registration number:_____

Printed name of the pharmacist manager:_____

Pharmacist manager's resident state license number:_____

Pharmacist manager's e-mail address:_____

As the authorized representative of the pharmacy listed above, I confirm that this pharmacy is capable of safely compounding the medication(s) (in the form of aqueous solutions for injection) that are listed above for the hospital identified on this form. This pharmacy understands that the ability to compound this medication is limited to this hospital and is for the treatment of the hospital's hospitalized COVID-19 patients. I understand that the compounding of the listed medications is permitted only while the medication is unavailable through normal distribution channels and only while the Food and Drug Administration's temporary policy is in effect. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. § 4911. I verify that the statements in this form are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

_____ _____

Pharmacist Manager's Signature Date (month/day/year format)

All parties should review and have a complete understanding of the Food and Drug Administration's Temporary Policy for Compounding of Certain Drugs for Hospitalized Patients by Pharmacy Compounders not Registered as Outsourcing Facilities During the COVID-19 Public Health Emergency before completing and submitting this form to the PA State Board of Pharmacy (Board). The fully completed document should be e-mailed to the Board office at st-pharmacy@pa.gov. *You will receive by e-mail notice of approval or disapproval once the request has been evaluated.*