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United States Senate

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ON AGING

July 30, 2025

The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Kennedy,

I write today out of deep concern for the health and well-being of all Americans. I strongly support your efforts to address the root causes of chronic disease, rather than focusing solely on symptom management. It is critical that medical freedom be restored to allow highly trained physicians, not government agencies, to guide treatment decisions based on their clinical judgment and the needs of their patients.

During the COVID-19 pandemic, many practitioners were limited in their ability to prescribe certain medications, such as ivermectin, despite their professional assessment. Today, similar restrictions continue, as prescribers are blocked from using well-characterized drug substances that could benefit patients. These limitations hinder personalized care and interfere with the provider-patient relationship.

The Food and Drug Administration (FDA) continues to operate a system that often favors large pharmaceutical companies and limits access to important treatment options. Historically, this agency has faced criticism for allowing undue outside influence to shape its decision-making processes. Physicians and pharmacists should have the flexibility to treat patients using their expertise without unnecessary regulatory barriers. Addressing this concern would still incentivize pharmaceutical companies to develop new drugs through the protections provided by the patent system. If a drug is truly novel, patent rights can be asserted, and insurance reimbursement will still favor the FDA-approved product. At the same time, allowing compounded alternatives – especially when no commercially available option meets a patient's needs – ensures that patients and providers retain access to essential treatments without threatening pharmaceutical innovation or coverage.

Many of the drug substances currently restricted by the FDA have well-established safety and effectiveness data, much of which was presented during the Pharmacy Compounding Advisory Committee (PCAC) meetings held in October and December 2024 under the previous administration. Unfortunately, those meetings were widely criticized for being influenced by industry interests and for lacking impartiality.

I appreciate your commitment to promoting transparency and reforming the advisory committee process. A full overhaul of these committees is essential to ensure that future decisions are made based on sound science and free from undue external influence.

To that end, I would request that you consider directing the FDA to immediately announce enforcement discretion for compounders for potential violations of the Federal Food, Drug, and Cosmetic Act (FFDCA) arising from conditions that depend on a bulk drug substances' inclusion on the 503A or 503B Bulk Drug Substance "Clinical Need" List and interim Category 1 List.

This action will restore medical freedoms to healthcare practitioners and patients and will once again allow patients to have the right to access therapies with proven benefits, some already being approved in foreign countries.

Drug Substances the American public deserves access to subject to a prescription by a medical practitioner:	
BPC-157	Kisspeptin-10
Cathelicidin LL-37	KPV
Cesium chloride	Mechano growth factor pegylated (PEG-MGF)
Chloral hydrate	Melanotan II
Diethylstilbestrol	MOTs-C
Dihexa acetate	Neomycin sulfate
Domperidone	Quinacrine hydrochloride
Edetate disodium	Semax (heptapeptide)
Emideltide (DSIP)	Thymosin beta-4, fragment (LKKTETQ)
Epitalon	Tranilast
Germanium sesquioxide	AOD-9604
GHK-Cu	CJC-1295
Growth hormone releasing peptide-2 (GHRP-2)	Ipamorelin acetate
Growth hormone releasing peptide-6 (GHRP-6)	Selank acetate (TP-7)
Ibutamoren mesylate	Thymosin-alpha 1 (Ta1)
Ipamorelin acetate	

Americans should have access to medications that their healthcare providers deem appropriate for their care. I urge you to review this issue and consider exercising enforcement discretion to support access to these important treatments. Thank you.

Sincerely,



Tommy Tuberville
U.S. Senator