



California State Board of Pharmacy
1625 N. Market Blvd, Suite N 219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

STATE AND CONSUMERS AFFAIRS AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

Legislation and Regulation Committee

Greg Lippe, Public Member, Chair
Ryan Brooks, Public Member
Robert Swart, PharmD
Stan Weisser, RPh
Shirley Wheat, Public Member

Part 1: REGULATION REPORT AND ACTION

A. FOR ACTION: To Repeal Title 16 CCR Sections 1716.1 and 1716.2, Amend and Adopt Sections 1751 through 1751.8, and Adopt Sections 17.5 through 1735.8 – Pharmacies that Compound.

ATTACHMENT 1

Currently, pharmacy law provides the authority for a pharmacist to compound drug products as well as compound sterile injectable products. As required in Business and Professions Code section 4127, the board adopted regulations to implement the provisions for pharmacies that compound sterile injectable products. There are no similar provisions in regulation to detail the requirements for pharmacies that complete general compounding. This proposal would establish guidelines to provide uniformity in compounding for California consumers.

The 45-day comment period began in September 2008 and a regulation hearing was held at the October 2008 Board Meeting. At the conclusion of the regulation hearing, the board voted to create a subcommittee of two board members to work with staff and fully consider all comments received both orally and in writing.

More recently, during the January 2009 Board Meeting, the board voted to pursue a 15-day comment period to exempt some of the record keeping requirements detailed in Section 1735.3 for sterile products that are compounded on a one-time basis for administration within 2 hours, as specified. In response to this 15-day comment period, the board received a significant amount of comments. Staff provided the board with the 45-day and 15-day comments as well as a draft response to each at the April 2009 Board Meeting.

Based on comments received during the 15-day comment period, executive staff of the board suggested three options to further modify proposed section 1735.3(a)(6). The board then voted to pursue a 2nd 15-day comment period to exempt some of the record keeping requirements in proposed 1735.3(a)(6) for sterile products compounded on a one-time basis for administration within 24 hours, as specified. The board received comments to the 2nd 15-day comment period. Proposed regulatory text, a summary of comments received during the 2nd 15-day comment period, and draft responses to those comments are provided in ATTACHMENT 1.

The subcommittee recommends that the board adopt the regulation as noticed on May 4, 2009. The board will specify that the requirements will not go into effect for six months following approval by the Office of Administrative Law to allow for implementation. Further, board staff will exercise its

enforcement discretion for an additional six months to allow for education and transition. At this time, the board can take action to (1) continue to pursue the regulation as currently proposed, or (2) withdraw the rulemaking and start over.

B. FOR INFORMATION: Approved Regulations

1. Amend 16 CCR §1760 – Disciplinary Guidelines

At the April 2008 board meeting, the board voted to adopt a regulation change to amend Title 16 CCR §1760 – Disciplinary Guidelines. After receiving additional clarifying comments from counsel, board staff submitted the completed rulemaking to the Department for review and approval in September 2008. While the department did approve this regulation, State and Consumer Services Agency was concerned about the optional language relating to automatic revocation when a probationer fails to submit cost recovery as mandated. As a result the matter was referred back to the board at the January 2009 Board Meeting.

During this meeting the board considered the option to withdraw the rulemaking and begin over, or to modify the language removing the specific term and notice the modification through a 15-day comment period. At the conclusion, the board directed staff to modify the text to remove the specific term / optional language discussed above and to take all steps necessary to complete the rulemaking process, including preparing modified text for an additional 15-day comment period. The board further stated that if, after the 15-day public comment period, no adverse comments are received, the Executive Officer is authorized to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt amendments to 16 CCR §1760 – Disciplinary Guidelines.

No comments were received during the 15-day public comment period. At the conclusion of the 15-day comment period, board staff compiled the rule making and transmitted it to the Office of Administrative Law. The Office of Administrative Law reviewed and approved the regulation and Disciplinary Guidelines, and they became effective May 27, 2009.

The regulatory text and Disciplinary Guidelines are available on the board's web site at http://www.pharmacy.ca.gov/laws_regs/regulations.shtml

C. FOR INFORMATION: Board Approved Regulations – Undergoing Administrative Review

2. Amend 16 CCR §1773 and Adopt § 1773.5 – Establishment of an Ethics Course as an Optional Enforcement Component for Discipline.

In April 2007, the board established a subcommittee to examine the development of an ethics course for pharmacists as an enforcement option as part of discipline. Based on the work of this subcommittee, the subcommittee recommended to the full the board that it vote to create a program similar to the program used by the Medical Board. This proposal would establish in regulation the minimum requirements for the ethics program. These minimum requirements are designed to better guide the board and licensees when they are finding a course and will ensure that the course will be of high quality. This proposal will provide licensees with the necessary information to assist in their rehabilitation.

The board determined the requirements as necessary, based on testimony received during the October 2007 Board Meeting. During the meeting, the board received testimony from the Institute

for Medical Quality (IMQ), the course provider for the Medical Board's ethics course. The board determined that a minimum of 14 direct contact hours is appropriate to allow for case presentations, group discussion and experiential exercises and role-playing to ensure sufficient time to discuss and evaluate situations. In addition, based on the recommendation of IMQ, the board's proposal also incorporates an additional 8 hours of time to allow the pharmacist to complete self-reflection on the decisions made that led to the violations and ultimate referral to the program and post-classroom instruction for up to one year. This self-reflection includes completing questions as part of a background assessment. The two post-course longitudinal studies ensure that the pharmacist has successfully internalized the necessary changes to prevent future violations resulting from unethical behavior.

During the October 2008 board meeting, the board held a regulation hearing on the proposed changes. At the conclusion, the board directed staff to take all steps necessary to complete the rulemaking process, including preparing modified text for an additional 15-day comment period, which includes the following amendments: change the word "medicine" to "pharmacy" at proposed §1773.5(a)(5)(B). If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt amendments to §1773 as filed and adopt §1773.5 of the proposed regulations with this modified text.

No comments were received during the 15-day comment period. At the end of the 15-day comment period, board staff compiled the rulemaking and transmitted it to the Office of Administrative Law on June 23, 2009; the rule making is currently undergoing review.

A copy of the exact language and the Final Statement of Reasons can be accessed on the board's web site at http://www.pharmacy.ca.gov/laws_regs/regulations.shtml

D. FOR INFORMATION: Board Approved Regulations Awaiting Notice

1. Proposed Addition to Title 16 CCR §1785 – Self-Assessment of a Veterinary Food-Animal Drug Retailer

The adoption of Section 1785 of the California Code of Regulations would establish a self-assessment form for veterinary food-animal drug retailers and require the designated representative-in-charge to complete this form to ensure compliance with pharmacy law. This form would also aid these licensees in complying with legal requirements of their operations and therefore increase public safety as a result of this compliance.

The draft form was reviewed and approved at the September 2007 Enforcement Committee Meeting. During the October 2007 Board Meeting, the board voted to approve the regulation for the 45-day comment period.

The Licensing Committee is completing a program review of the Veterinary Food-Animal Drug Retailer program. Board staff does not anticipate proceeding with this regulation change until the Licensing Committee completes its review of the Veterinary Food-Animal Drug Program for possible changes.

2. Proposed Amendment to Title 16 CCR §§1721 and 1723.1 – Dishonest Conduct on a Pharmacist Licensure Examination/Confidentiality.

ATTACHMENT 2

At the October 2007 Board Meeting, the board voted to approve proposed amendments to 16 CCR §§1721 and 1723.1 that would strengthen the penalty an applicant would incur for dishonest conduct during an examination as well as further clarify the penalty an applicant would incur for conveying or exposing any part of the licensing examination.

This recommendation was generated from the board's competency committee, which is responsible for the development of the California Practice Standards and Jurisprudence Examination for Pharmacists examination. According to the board's current exam psychometrician, the cost to generate a new test item is \$2,000/item. Compromised test items pose not only a financial loss to the board, but also inhibit the board's ability to test for minimum competency and, if an otherwise incompetent applicant passes the exam because the exam has been compromised, such a breach is a public safety issue.

A copy of the language is provided in ATTACHMENT 2. Board staff will notice this rule making prior to the October 2009 Board Meeting.

3. Proposed Adoption of Title 16 CCR §1751.9 – Accreditation Agencies for Pharmacies that Compound Sterile Injectable Drug Products

ATTACHMENT 3

Business and Professions Code section 4127.1 requires a separate license to compound sterile injectable drug products. Section 4127.1(d) provides exemptions to the licensing requirement for pharmacies that have current accreditation from the Joint Commission on Accreditation of Healthcare Organizations, or other private accreditation agencies approved by the board. Since the inception of this statute, the board has approved two such agencies.

This proposed regulation would specify the criteria the board uses to evaluate these agencies.

A copy of the language is provided in ATTACHMENT 3. Board staff will notice this rule making prior to the October 2009 Board Meeting.

E. FOR INFORMATION AND POSSIBLE ACTION: Regulations Under Development

1. Proposed Amendment to Title 16 CCR §1780 – Update the USP Standards Reference Material

CCR §1780 sets minimum standards for drug wholesalers. Section 1780(b) references the 1990 edition of the United States Pharmacopeia Standards (USP Standards) for temperature and humidity. The USP Standards is updated and published annually. Consequently, this section requires an amendment to §1780(b) to reflect the 2005 version of the publication and to hold wholesalers accountable to the latest standards if determined appropriate.

Because of stated concerns about whether referencing the 2005 USP standards is an unreasonable burden on wholesalers, at the October 2008 Board Meeting, the board voted to address the issue of updating the USP Standards reference materials within this section.

President Schell may wish to consider filling the subcommittee vacancy created when former board member Jim Burgard's term concluded. This subcommittee has not held any meetings.

2. Proposed Amendment to 16 CCR §1732.2 – Continuing Education for Competency Committee Members

At the October 2008 Board Meeting, the board voted to award up to six hours of continuing education (CE) credit annually to complete on-line review of examination questions if the committee member is not seeking reimbursement for their time.

Competency Committee members serve as the board's subject matter experts for the development of the California Practice Standards and Jurisprudence Examination for Pharmacists. A committee member's term is generally about eight years.

Annually, committee members attend approximately 3-4 two-day meetings to assist in examination development. Each two-day meeting consists of approximately 2-4 hours of preparation time in addition to 16 hours of meeting time. Committee members also participate in 2-4 writing assignments based on the examination development need. Committee members spend approximately 50-80 hours preparing for and attending committee meetings on an annual basis in addition to multiple writing assignments and are compensated for time and travel.

One of the core functions of this committee is to complete an on-line review of all test questions prior to administration. As the test questions cover all aspects of pharmacy practice and law, this on-line review requires a significant amount of committee time to research items and confirm that a question and answer are valid. Given this, the committee requests that the board award up to six hours of CE annually for members that complete this on-line review. (Typically, committee members are not compensated for their time to complete this function. If a committee member is seeking reimbursement for this time, however, continuing education will not be awarded.)

Current pharmacy law requires pharmacists to earn 30 hours of approved CE every two years as a condition of license renewal. Currently, pharmacists can earn CE:

- Offered by approved providers (ACPE and the Pharmacy Foundation of California – 16 CCR 1732.05),
- Approved by Medical Board, Board of Podiatric Medicine, Board of Registered Nursing or Dental Board, if relevant to pharmacy practice (16 CCR 1732.2), and/or
- By petition of an individual pharmacist for a course that meets board standards for CE for pharmacists (16 CCR 1732.2).

Additionally, the board will award CE for:

- Attending one board meeting annually (6 hours of CE),
- Attending two committee meetings annually (2 hours of CE for each meeting, must be different committee meetings), and
- Completing the PSAM, which is administered by the National Association of Boards of Pharmacy (6 hours).

Board staff is drafting regulation language for consideration at a future Legislation and Regulation Committee meeting.

To Repeal Title 16 CCR §§ 1716.1 and 1716.2, Amend and Adopt §§ 1751 through 1751.8, and Adopt §§ 1735 through 1735.8 – Pharmacies that Compound

- Proposed Text
- Summary of comments received and board staff responses to 2nd 15-day comment period

DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF PHARMACY

To Repeal Title 16 CCR §§ 1716.1 and 1716.2,
Adopt Title 16 CCR §§ 1735 – 1735.8 And
Amend Title 16 CCR §§ 1751 – 1751.8 Regarding Requirements for Compounding

Repeal Section 1716.1 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§1716.1. Compounding Unapproved Drugs for Prescriber Office Use.

As used in Business and Professions Code Section 4052(a)(1), the following terms have the indicated meaning concerning the compounding of unapproved drugs for prescriber office use:

- (a) "Reasonable quantity" means that quantity of an unapproved drug which:
- (1) is sufficient for that prescriber's office use consistent with the expiration date of the product as set forth in section 1716.2(a)(3); and
 - (2) is reasonable considering the intended use of the compounded medication and nature of the prescriber's practice; and
 - (3) for any individual prescriber and for all prescribers taken as a whole, is an amount which the pharmacy is capable of compounding in compliance with pharmaceutical standards for identity, strength, quality and purity of the compounded medication.
- (b) "Compounded medication" means medications actually compounded by the pharmacy supplying them to a prescriber.
- (c) "Prescriber office use" means application or administration in the prescriber's office, or for distribution of not more than a 72-hour supply to the prescriber's patients as estimated by the prescriber.

Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4027, 4033, 4050, 4051, 4052, 4059, 4170 and 4171, Business and Professions Code.

Repeal Section 1716.2 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§1716.2. Record Requirements—Compounding for Future Furnishing.

(a) For the purpose of compounding in quantities larger than required for immediate dispensing by a prescriber or for future dispensing upon prescription, a pharmacy shall maintain records that include, but are not limited to:

- (1) The date of preparation.
- (2) The lot numbers. These may be the manufacturer's lot numbers or new numbers assigned by the pharmacy. If the lot number is assigned by the pharmacy, the pharmacy must also record the original manufacturer's lot numbers and expiration dates, if known. If the original manufacturer's lot numbers and expiration dates are not known, the pharmacy shall record the source and acquisition date of the components.
- (3) The expiration date of the finished product. This date must not exceed 180 days or the shortest expiration date of any component in the finished product unless a longer date is supported by stability studies in the same type of packaging as furnished to the prescriber. Shorter dating than set forth in this subsection may be used if it is deemed appropriate in the professional judgment of the responsible pharmacist.
- (4) The signature or initials of the pharmacist performing the compounding.
- (5) A formula for the compounded product. The formula must be maintained in a readily retrievable form.

Changes to the regulatory text are indicated. For the 2nd 15-day comment period, deletions to the regulatory text are indicated by double strike-through italics, thus: ~~deleted language~~. Additions to the regulatory text are indicated by double underline italics, thus: added language.

- (6) The name(s) of the manufacturer(s) of the raw materials.
- (7) The quantity in units of finished products or grams of raw materials.
- (8) The package size and the number of units prepared.

Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4005, 4051, 4059, 4081 and 4332, Business and Professions Code.

Article 4.5 Compounding

Add Section 1735 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§1735. Compounding in Licensed Pharmacies

- (a) “Compounding” means any of the following activities occurring in a licensed pharmacy, by or under the supervision of a licensed pharmacist, pursuant to a prescription:
 - (1) Altering the dosage form or delivery system of a drug
 - (2) Altering the strength of a drug
 - (3) Combining components or active ingredients
 - (4) Preparing a drug product from chemicals or bulk drug substances
- (b) “Compounding” does not include reconstitution of a drug pursuant to a manufacturer’s direction(s) for oral, rectal topical, or injectable administration, nor does it include tablet splitting or the addition of flavoring agent(s) to enhance palatability.
- (c) “Compounding” does not include, except in small quantities under limited circumstances as justified by a specific, documented, medical need, preparation of a compounded drug product that is commercially available in the marketplace or that is essentially a copy of a drug product that is commercially available in the marketplace.
- (d) The parameters and requirements stated by this Article 4.5 (Section 1735 et seq.) apply to all compounding practices. Additional parameters and requirements applicable solely to sterile injectable compounding are stated by Article 7 (Section 1751 et seq.).

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

Add Section 1735.1 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§1735.1. Compounding Definitions

- (a) “Integrity” means retention of potency until the expiration date noted on the label.
- (b) “Potency” means active ingredient strength within +/- 10% of the labeled amount.
- (c) “Quality” means the absence of harmful levels of contaminants, including filth, putrid, or decomposed substances, and absence of active ingredients other than those noted on the label.
- (d) “Strength” means amount of active ingredient per unit of a compounded drug product.

Changes to the regulatory text are indicated. For the 2nd 15-day comment period, deletions to the regulatory text are indicated by double strike-through italics, thus: ~~deleted language~~. Additions to the regulatory text are indicated by double underline italics, thus: added language.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

Add Section 1735.2 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§1735.2. Compounding Limitations and Requirements

- (a) Except as specified in (b) and (c), no drug product shall be compounded prior to receipt by a pharmacy of a valid prescription for an individual patient where the prescriber has approved use of a compounded drug product either orally or in writing. Where approval is given orally, that approval shall be noted on the prescription prior to compounding.
- (b) A pharmacy may prepare and store a limited quantity of a compounded drug product in advance of receipt of a patient-specific prescription where and solely in such quantity as is necessary to ensure continuity of care for an identified population of patients of the pharmacy based on a documented history of prescriptions for that patient population.
- (c) Pursuant to Business and Professions Code section 4052(a)(1), a “reasonable quantity” of compounded drug product may be furnished to a prescriber for office use upon prescriber order, where “reasonable quantity” is that amount of compounded drug product that:
 - (1) is sufficient for administration or application to patients in the prescriber’s office, or for distribution of not more than a 72-hour supply to the prescriber’s patients, as estimated by the prescriber; and
 - (2) is reasonable considering the intended use of the compounded medication and the nature of the prescriber's practice; and
 - (3) for any individual prescriber and for all prescribers taken as a whole, is an amount which the pharmacy is capable of compounding in compliance with pharmaceutical standards for integrity, potency, quality and strength of the compounded drug product.
- (d) A drug product shall not be compounded until the pharmacy has first prepared a written master formula record that includes at least the following elements:
 - (1) Active ingredients to be used.
 - (2) Inactive ingredients to be used.
 - (3) Process and/or procedure used to prepare the drug.
 - (4) Quality reviews required at each step in preparation of the drug.
 - (5) Post-compounding process or procedures required, if any.
 - (6) Expiration dating requirements.
- (e) Where a pharmacy does not routinely compound a particular drug product, the master formula record for that product may be recorded on the prescription document itself.
- (f) The pharmacist performing or supervising compounding is responsible for the integrity, potency, quality, and labeled strength of a compounded drug product until it is dispensed.
- (g) All chemicals, bulk drug substances, drug products, and other components used for drug compounding shall be stored and used according to compendial and other applicable requirements to maintain their integrity, potency, quality, and labeled strength.
- (h) Every compounded drug product shall be given an expiration date representing the date beyond which, in the professional judgment of the pharmacist performing or supervising

Changes to the regulatory text are indicated. For the 2nd 15-day comment period, deletions to the regulatory text are indicated by double strike-through italics, thus: ~~deleted language~~. Additions to the regulatory text are indicated by double underline italics, thus: added language.

the compounding, it should not be used. This “beyond use date” of the compounded drug product shall not exceed 180 days from preparation or the shortest expiration date of any component in the compounded drug product, unless a longer date is supported by stability studies of finished drugs or compounded drug products using the same components and packaging. Shorter dating than set forth in this subsection may be used if it is deemed appropriate in the professional judgment of the responsible pharmacist.

- (i) The pharmacist performing or supervising compounding is responsible for the proper preparation, labeling, storage, and delivery of the compounded drug product.
- (j) Prior to allowing any drug product to be compounded in a pharmacy, the pharmacist-in-charge shall complete a self-assessment form for compounding pharmacies developed by the board (form 17m-39 rev. 10/07). That form contains a first section applicable to all compounding, and a second section applicable to sterile injectable compounding. The first section must be completed by the pharmacist-in-charge before any compounding is performed in the pharmacy. The second section must be completed by the pharmacist-in-charge before any sterile injectable compounding is performed in the pharmacy. The applicable sections of the self-assessment shall subsequently be completed before July 1 of odd-numbered each year, within 30 days of the start of a new pharmacist-in-charge, and within 30 days of the issuance of a new pharmacy license. The primary purpose of the self-assessment is to promote compliance through self-examination and education.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

Add Section 1735.3 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§1735.3. Records of Compounded Drug Products

- (a) For each compounded drug product, the pharmacy records shall include:
 - (1) The master formula record.
 - (2) The date the drug product was compounded.
 - (3) The identity of the pharmacy personnel who compounded the drug product.
 - (4) The identity of the pharmacist reviewing the final drug product.
 - (5) The quantity of each component used in compounding the drug product.
 - (6) The manufacturer and lot number of each component. If the manufacturer name is demonstrably unavailable, the name of the supplier may be substituted. Exempt from the requirements in this paragraph are sterile products compounded on a one-time basis for administration within ~~two~~*twenty-four* hours to an inpatient in a health care facility licensed under section 1250 of the Health and Safety Code.
 - (7) The equipment used in compounding the drug product.
 - (8) A pharmacy assigned reference or lot number for the compounded drug product.
 - (9) The expiration date of the final compounded drug product.
 - (10) The quantity or amount of drug product compounded.
- (b) Pharmacies shall maintain records of the proper acquisition, storage, and destruction of chemicals, bulk drug substances, drug products, and components used in compounding.
- (c) Chemicals, bulk drug substances, drug products, and components used to compound drug products shall be obtained from reliable suppliers. The pharmacy shall acquire and retain any available certificates of purity or analysis for chemicals, bulk drug substances, drug

Changes to the regulatory text are indicated. For the 2nd 15-day comment period, deletions to the regulatory text are indicated by double strike-through italics, thus: ~~deleted language~~. Additions to the regulatory text are indicated by double underline italics, thus: added language.

products, and components used in compounding. Certificates of purity or analysis are not required for drug products that are approved by the Food and Drug Administration.

- (d) Pharmacies shall maintain and retain all records required by this article in the pharmacy in a readily retrievable form for at least three years from the date the record was created.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

Add Section 1735.4 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§1735.4. Labeling of Compounded Drug Products

- (a) In addition to the labeling information required under Business and Professions Code section 4076, the label of a compounded drug product shall contain the generic name(s) of the principal active ingredient(s).
- (b) A statement that the drug has been compounded by the pharmacy shall be included on the container or on the receipt provided to the patient.
- (c) Drug products compounded into unit-dose containers that are too small or otherwise impractical for full compliance with subdivisions (a) and (b) shall be labeled with at least the name(s) of the active ingredient(s), concentration or strength, volume or weight, pharmacy reference or lot number, and expiration date.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, 4076 and 4127, Business and Professions Code.

Add Section 1735.5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§1735.5. Compounding Policies and Procedures

- (a) Any pharmacy engaged in compounding shall maintain a written policy and procedure manual for compounding that establishes procurement procedures, methodologies for the formulation and compounding of drugs, facilities and equipment cleaning, maintenance, operation, and other standard operating procedures related to compounding.
- (b) The policy and procedure manual shall be reviewed on an annual basis by the pharmacist-in-charge and shall be updated whenever changes in processes are implemented.
- (c) The policy and procedure manual shall include the following
- (1) Procedures for notifying staff assigned to compounding duties of any changes in processes or to the policy and procedure manual.
 - (2) Documentation of a plan for recall of a dispensed compounded drug product where subsequent verification demonstrates the potential for adverse effects with continued use of a compounded drug product.
 - (3) The procedures for maintaining, storing, calibrating, cleaning, and disinfecting equipment used in compounding, and for training on these procedures as part of the staff training and competency evaluation process.

Changes to the regulatory text are indicated. For the 2nd 15-day comment period, deletions to the regulatory text are indicated by double strike-through italics, thus: ~~deleted language~~. Additions to the regulatory text are indicated by double underline italics, thus: added language.

- (4) Documentation of the methodology used to test integrity, potency, quality, and labeled strength of compounded drug products.
- (5) Documentation of the methodology used to determine appropriate expiration dates for compounded drug products.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

Add Section 1735.6 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§1735.6. Compounding Facilities and Equipment

- (a) Any pharmacy engaged in compounding shall maintain written documentation regarding the facilities and equipment necessary for safe and accurate compounded drug products. Where applicable, this shall include records of certification(s) of facilities or equipment.
- (b) Any equipment used to compound drug products shall be stored, used, and maintained in accordance with manufacturers' specifications.
- (c) Any equipment used to compound drug products for which calibration or adjustment is appropriate shall be calibrated prior to use to ensure accuracy. Documentation of each such calibration shall be recorded in writing and these records of calibration shall be maintained and retained in the pharmacy.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

Add Section 1735.7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§1735.7. Training of Compounding Staff

- (a) Any pharmacy engaged in compounding shall maintain written documentation sufficient to demonstrate that pharmacy personnel have the skills and training required to properly and accurately perform their assigned responsibilities relating to compounding.
- (b) The pharmacy shall develop and maintain an on-going competency evaluation process for pharmacy personnel involved in compounding, and shall maintain documentation of any and all training related to compounding undertaken by pharmacy personnel.
- (c) Pharmacy personnel assigned to compounding duties shall demonstrate knowledge about processes and procedures used in compounding prior to compounding any drug product.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

Add Section 1735.8 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§1735.8. Compounding Quality Assurance

- (a) Any pharmacy engaged in compounding shall maintain, as part of its written policies and procedures, a written quality assurance plan designed to monitor and ensure the integrity, potency, quality, and labeled strength of compounded drug products.
- (b) The quality assurance plan shall include written procedures for verification, monitoring, and review of the adequacy of the compounding processes and shall also include written documentation of review of those processes by qualified pharmacy personnel.
- (c) The quality assurance plan shall include written standards for qualitative and quantitative integrity, potency, quality, and labeled strength analysis of compounded drug products. All qualitative and quantitative analysis reports for compounded drug products shall be retained by the pharmacy and collated with the compounding record and master formula.
- (d) The quality assurance plan shall include a written procedure for scheduled action in the event any compounded drug product is ever discovered to be below minimum standards for integrity, potency, quality, or labeled strength.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

Article 7 Sterile Injectable Compounding

Amend Section 1751 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§1751. Sterile Injectable Compounding; Compounding Area.

- (a) Any pharmacy engaged in compounding sterile injectable drug products shall conform to the parameters and requirements stated by Article 4.5 (Section 1735 et seq.), applicable to all compounding, and shall also conform to the parameters and requirements stated by this Article 7 (Section 1751 et seq.), applicable solely to sterile injectable compounding.
- (b) ~~The~~ Any pharmacy doing sterile injectable compounding shall have a designated area for the preparation of sterile injectable products which shall meet the following standards:
- (1) Clean Room and Work Station Requirements, shall be in accordance with Section 490A.3.1 of Title 24, Part 2, Chapter 4A of the California Code of Regulations.
 - (2) Walls, ceilings and floors shall be constructed in accordance with Section 490A.3 of Title 24, Part 2, Chapter 4A of the California Code of Regulations.
 - (3) Be ventilated in a manner in accordance with Section 505.12 of Title 24, Part 4, Chapter 5 of the California Code of Regulations.
 - (4) Be certified annually by a qualified technician who is familiar with the methods and procedures for certifying laminar air flow hoods and clean room requirements, in accordance with standards adopted by the United States General Services Administration. Certification records must be retained for at least 3 years.
 - (5) The pharmacy shall be arranged in accordance with Section 490A.3 of Title 24, Part 2, Chapter 4A of the California Code of Regulations. Items related to the compounding of sterile injectable products within the compounding area shall be stored in such a way as to maintain the integrity of an aseptic environment.
 - (6) A sink shall be included in accordance ~~in~~ with Section 490A.3.4 of Title 24, Part 2, Chapter 4A of the California Code of Regulations.
 - (7) There shall be a refrigerator and/or freezer of sufficient capacity to meet the storage requirements for all material requiring refrigeration.
- (c) Any pharmacy compounding a sterile injectable product from one or more non-sterile ingredients shall comply with Business and Professions Code section 4127.7.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, 4127 and 4127.7, Business and Professions Code; and Section 18944(a), Health and Safety Code.

Renumber section 1751.3 to new section 1751.1 and amend section 1751.1 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§1751.3. 1751.1. Sterile Injectable Recordkeeping Requirements.

- (a) Pharmacies compounding sterile injectable products for future use pursuant to section ~~1716.1~~ 1735.2 shall, in addition to those records required by section ~~1716.2~~ 1735.3, ~~have make and keep~~ records indicating the name, lot number, amount, and date on which the products were provided to a prescriber.
- (b) In addition to the records required by section 1735.3 and subdivisions (a), for sterile products compounded from one or more non-sterile ingredients, the following records must be ~~maintained for at least three years~~ made and kept by the pharmacy:
 - (1) The training and competency evaluation of employees in sterile product procedures.
 - (2) Refrigerator and freezer temperatures.
 - (3) Certification of the sterile compounding environment.
 - (4) Other facility quality control logs specific to the pharmacy's policies and procedures (e.g., cleaning logs for facilities and equipment).
 - (5) Inspection for expired or recalled pharmaceutical products or raw ingredients.
 - (6) Preparation records including the master work sheet, the preparation work sheet, and records of end-product evaluation results.
- (c) ~~Pharmacies shall maintain records of validation processes as required by Section 1751.7~~ (b) for three years Pharmacies shall maintain and retain all records required by this article in the pharmacy in a readily retrievable form for at least three years from the date the record was created.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

Amend Section 1751.2 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§1751.2. Sterile Injectable Labeling Requirements.

~~In addition to existing labeling requirements to the labeling information required under Business and Professions Code section 4076 and section 1735.4,~~ a pharmacy which compounds sterile injectable products shall include the following information on the labels for those products:

- (a) Telephone number of the pharmacy, except for sterile injectable products dispensed for inpatients of a hospital pharmacy.
- (b) Name and concentrations of ingredients contained in the sterile injectable product.
- (c) Instructions for storage and handling.
- (d) All cytotoxic agents shall bear a special label which states "Chemotherapy -Dispose of Properly."

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, 4076 and 4127, Business and Professions Code.

Changes to the regulatory text are indicated. For the 2nd 15-day comment period, deletions to the regulatory text are indicated by double strike-through italics, thus: ~~deleted language~~. Additions to the regulatory text are indicated by double underline italics, thus: added language.

Renumber section 1751.02 to new section 1751.3 and amend section 1751.3 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§1751.02. 1751.3. Sterile Injectable Policies and Procedures.

- (a) ~~Written policies and procedures associated with the pharmacy's preparation and dispensing of sterile injectable products shall include, but not be limited to~~ Any pharmacy engaged in compounding sterile injectable drug products shall maintain a written policy and procedure manual for compounding that includes, in addition to the elements required by section 1735.5, written policies and procedures regarding the following:
- (1) Compounding, filling, and labeling of sterile injectable compounds.
 - (2) Labeling of the sterile injectable product based on the intended route of administration and recommended rate of administration.
 - (3) Equipment and supplies.
 - (4) Training of staff in the preparation of sterile injectable products.
 - (5) Procedures for handling cytotoxic agents.
 - (6) Quality assurance program.
 - (7) Record keeping requirements.
- (b) The ingredients and the compounding process for each preparation must be determined in writing before compounding begins and must be reviewed by a pharmacist.
- (c) Pharmacies compounding sterile injectable products shall have written policies and procedures for the disposal of infectious materials and/or materials containing cytotoxic residues. The written policies and procedures shall describe the pharmacy protocols for cleanups and spills in conformity with local health jurisdiction standards.
- (d) Pharmacies compounding sterile injectable products from one or more non-sterile ingredients must have written policies and procedures that comply with the following:
- (1) All written policies and procedures shall be immediately available to all personnel involved in these activities and board inspectors.
 - (2) All personnel involved must read the policies and procedures before compounding sterile injectable products, and any additions, revisions, and deletions to the written policies and procedures must be communicated to all personnel involved in sterile compounding.
 - (3) Policies and procedures must address at least the following:
 - (A) Competency evaluation.
 - (B) Storage and handling of products and supplies.
 - (C) Storage and delivery of final products.
 - (D) Process validation.
 - (E) Personnel access and movement of materials into and near the controlled area.
 - (F) Use and maintenance of environmental control devices used to create the critical area for manipulation of sterile products (e.g., laminar-airflow workstations, biological safety cabinets, class 100 cleanrooms, and barrier isolator workstations).
 - (G) Regular cleaning schedule for the controlled area and any equipment in the controlled area and the alternation of disinfectants. Pharmacies subject to an institutional infection control policy may follow that policy as it relates to cleaning schedules and the alternation of disinfectants in lieu of complying with this subdivision.

Changes to the regulatory text are indicated. For the 2nd 15-day comment period, deletions to the regulatory text are indicated by double strike-through italics, thus: ~~deleted language~~. Additions to the regulatory text are indicated by double underline italics, thus: added language.

- (H) Disposal of packaging materials, used syringes, containers, and needles to enhance sanitation and avoid accumulation in the controlled area.
- (I) For sterile batch compounding, written policies and procedures must be established for the use of master formulas and work sheets and for appropriate documentation.
- (J) Sterilization.
- (K) End-product evaluation and testing.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

Renumber section 1751.01 to new section 1751.4 and amend section 1751.4 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§1751.01. 1751.4. Facility and Equipment Standards for Sterile Injectable Compounding from Non-Sterile Ingredients.

- (a) No sterile injectable product shall be ~~prepared-~~ compounded if it is known, or reasonably should be known, that the compounding environment fails to meet criteria specified in the pharmacy's written policies and procedures for the safe compounding of sterile injectable drug products.
- (b) During the preparation of sterile injectable products, access to the designated area or cleanroom must be limited to those individuals who are properly attired.
- (c) All equipment used in the designated area or cleanroom must be made of a material that can be easily cleaned and disinfected.
- (d) Exterior workbench surfaces and other hard surfaces in the designated area, such as walls, floors, ceilings, shelves, tables, and stools, must be disinfected weekly and after any unanticipated event that could increase the risk of contamination.
- (e) Pharmacies preparing parenteral cytotoxic agents shall be do so in accordance with Section 4-1106(b) of Title 24 of the California Administrative Code, requiring a laminar air flow hood. The hood must be certified annually by a qualified technician who is familiar with the methods and procedures for certifying laminar air flow hoods and clean room requirements, in accordance with National Sanitation Foundation Standard 49 for Class II (Laminar Flow) Biohazard Cabinetry, as revised May, 1983 (available from the National Sanitation Foundation, 3475 Plymouth Road, P.O. Box 1468, Ann Arbor, Michigan 48106, phone number (313) 769-8010) or manufacturer's specifications. Certification records must be retained for at least 3 years.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code; and Section 18944(a), Health and Safety Code.

Repeal Section 1751.1 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§1751.1. Laminar Flow Biological Safety Cabinet.

Changes to the regulatory text are indicated. For the 2nd 15-day comment period, deletions to the regulatory text are indicated by double strike-through italics, thus: ~~deleted language~~. Additions to the regulatory text are indicated by double underline italics, thus: added language.

Pharmacies preparing parenteral cytotoxic agents shall be in accordance with Section 4-1106(b) of Title 24 of the California Administrative Code. The hood must be certified annually by a qualified technician who is familiar with the methods and procedures for certifying laminar air flow hoods and clean room requirements, in accordance with National Sanitation Foundation Standard 49 for Class II (Laminar-Flow) Biohazard Cabinetry, as revised May, 1983 (available from the National Sanitation Foundation, 3475 Plymouth Road, P.O. Box 1468, Ann Arbor, Michigan 48106, phone number (313) 769-8010) or manufacturer's specifications. Certification records must be retained for at least 3 years.

~~Authority cited: Section 4005, Business and Professions Code. Reference: Section 4005, Business and Professions Code; and Section 18944(a), Health and Safety Code.~~

Repeal Section 1751.3 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§1751.3. Recordkeeping Requirements.

- (a) ~~Pharmacies compounding sterile injectable products for future use pursuant to section 1716.1 1735.2 shall, in addition to those records required by section 1716.2 1735.3, have records indicating the name, lot number, amount, and date on which the products were provided to a prescriber.~~
- (b) ~~In addition to the records required by subdivisions (a), for sterile products compounded from one or more non-sterile ingredients the following records must be maintained for at least three years:~~
- ~~(1) The training and competency evaluation of employees in sterile product procedures.~~
 - ~~(2) Refrigerator and freezer temperatures.~~
 - ~~(3) Certification of the sterile compounding environment.~~
 - ~~(4) Other facility quality control logs specific to the pharmacy's policies and procedures (e.g., cleaning logs for facilities and equipment).~~
 - ~~(5) Inspection for expired or recalled pharmaceutical products or raw ingredients.~~
 - ~~(6) Preparation records including the master work sheet, the preparation work sheet, and records of end product evaluation results.~~
- (c) ~~Pharmacies shall maintain records of validation processes as required by Section 1751.7 (b) for three years.~~

~~Authority cited: Section 4005, Business and Professions Code. Reference: Section 4005, Business and Professions Code~~

ReNUMBER section 1751.4 to new section 1751.5 and amend section 1751.5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§1751.4. 1751.5. Sterile Injectable Compounding Attire.

- (a) When preparing cytotoxic agents, gowns and gloves shall be worn.
- (b) When compounding sterile products from one or more non-sterile ingredients the following standards must be met:

Changes to the regulatory text are indicated. For the 2nd 15-day comment period, deletions to the regulatory text are indicated by double strike-through italics, thus: ~~deleted language~~. Additions to the regulatory text are indicated by double underline italics, thus: added language.

- (1) Cleanroom garb consisting of a low-shedding coverall, head cover, face mask, and shoe covers must be worn inside the designated area at all times.
- (2) Cleanroom garb must be donned and removed outside the designated area.
- (3) Hand, finger, and wrist jewelry must be eliminated. If jewelry cannot be removed then it must be thoroughly cleaned and covered with a sterile glove.
- (4) Head and facial hair must be kept out of the critical area or be covered.
- (5) Gloves made of low-shedding materials are required.

(c) The requirements of this subdivision (b) do not apply if a barrier isolator is used to compound sterile injectable products from one or more non-sterile ingredients.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

Renumber section 1751.5 to new section 1751.6 and amend section 1751.6 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§1751.5, 1751.6. Training of Sterile Injectable Compounding Staff, Patient, and Caregiver.

- (a) Consultation shall be available to the patient and/or primary caregiver concerning proper use of sterile injectable products and related supplies furnished by the pharmacy.
- (b) The pharmacist-in-charge shall be responsible to ensure all pharmacy personnel engaging in compounding sterile injectable drug products shall have training and demonstrated competence in the safe handling and compounding of sterile injectable products, including cytotoxic agents if the pharmacy compounds products with cytotoxic agents.
- (c) Records of training and demonstrated competence shall be available for each individual and shall be retained for three years beyond the period of employment.
- (d) The pharmacist-in-charge shall be responsible to ensure the continuing competence of pharmacy personnel engaged in compounding sterile injectable products.
- (e) Pharmacies that compound sterile products from one or more non-sterile ingredients must comply with the following training requirements:
 - (1) The pharmacy must establish and follow a written program of training and performance evaluation designed to ensure that each person working in the designated area has the knowledge and skills necessary to perform their assigned tasks properly. This program of training and performance evaluation must address at least the following:
 - (A) Aseptic technique.
 - (B) Pharmaceutical calculations and terminology.
 - (C) Sterile product compounding documentation.
 - (D) Quality assurance procedures.
 - (E) Aseptic preparation procedures.
 - (F) Proper gowning and gloving technique.
 - (G) General conduct in the controlled area.
 - (H) Cleaning, sanitizing, and maintaining equipment used in the controlled area.
 - (I) Sterilization techniques.
 - (J) Container, equipment, and closure system selection.

Changes to the regulatory text are indicated. For the 2nd 15-day comment period, deletions to the regulatory text are indicated by double strike-through italics, thus: ~~deleted language~~. Additions to the regulatory text are indicated by double underline italics, thus: added language.

- (2) Each person assigned to the controlled area must successfully complete practical skills training in aseptic technique and aseptic area practices. Evaluation must include written testing and a written protocol of periodic routine performance checks involving adherence to aseptic area policies and procedures. Each person's proficiency and continuing training needs must be reassessed every 12 months. Results of these assessments must be documented and retained in the pharmacy for three years.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

Repeal Section 1751.6 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§1751.6. Disposal of Waste Material.

~~Pharmacies compounding sterile injectable products shall have written policies and procedures for the disposal of infectious materials and/or materials containing cytotoxic residues. The procedures shall include cleanup of spills and shall be in conformance with local health jurisdiction.~~

~~Authority cited: Section 4005 Business and Professions Code. Reference: Section 4005 Business and Professions Code.~~

Amend 1751.7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§1751.7. Sterile Injectable Compounding Quality Assurance and Process Validation.

- (a) Any pharmacy engaged in compounding sterile injectable drug products shall maintain, as part of its written policies and procedures, a written quality assurance plan including, in addition to the elements required by section 1735.8, ~~There shall be~~ a documented, ongoing quality assurance program that monitors personnel performance, equipment, and facilities. The end product shall be examined on a periodic sampling basis as determined by the pharmacist-in-charge to assure that it meets required specifications. The Quality Assurance Program shall include at least the following:
 - (1) Cleaning and sanitization of the parenteral medication preparation area.
 - (2) The storage of compounded sterile injectable products in the pharmacy and periodic documentation of refrigerator temperature.
 - (3) Actions to be taken in the event of a drug recall.
 - (4) Written justification of the chosen expiration dates for compounded sterile injectable products.
- (b) Each individual involved in the preparation of sterile injectable products must first successfully complete a validation process on technique before being allowed to prepare sterile injectable products. The validation process shall be carried out in the same manner as normal production, except that an appropriate microbiological growth medium is used

Changes to the regulatory text are indicated. For the 2nd 15-day comment period, deletions to the regulatory text are indicated by double strike-through italics, thus: ~~deleted language~~. Additions to the regulatory text are indicated by double underline italics, thus: added language.

in place of the actual product used during sterile preparation. The validation process shall be representative of all types of manipulations, products and batch sizes the individual is expected to prepare. The same personnel, procedures, equipment, and materials are must be involved. Completed medium samples must be incubated. If microbial growth is detected, then the sterile preparation process must be evaluated, corrective action taken, and the validation process repeated. Personnel competency must be revalidated at least every twelve months, whenever the quality assurance program yields an unacceptable result, when the compounding process changes, equipment used in the compounding of sterile injectable drug products is repaired or replaced, the facility is modified in a manner that affects airflow or traffic patterns, or whenever improper aseptic techniques are observed. Revalidation must be documented.

- (c) Batch-produced sterile injectable drug products compounded from one or more non-sterile ingredients shall be subject to documented end product testing for sterility and pyrogens and shall be quarantined until the end product testing confirms sterility and acceptable levels of pyrogens.
- (d) Batch-produced sterile to sterile transfers shall be subject to periodic testing through process validation for sterility as determined by the pharmacist-in-charge and described in the written policies and procedures.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

Renumber section 1751.9 to new section 1751.8 and amend section 1751.8 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§1751.9, 1751.8. Sterile Injectable Compounding Reference Materials.

In any pharmacy engaged in compounding sterile injectable drug products, ~~There~~ shall be current and appropriate reference materials regarding the compounding of sterile injectable products located in or immediately available to the pharmacy.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

DRAFT SUMMARY OF COMMENTS
TO COMPOUNDING REGS

COMMENTS RECEIVED DURING THE 2nd 15-DAY COMMENT PERIOD

Comment from Michael Sillman, Marin General Hospital, Greenbrae, CA

Comment #122

Mr. Sillman states that applying the recordkeeping exemption for 1735.3 to just the manufacturer and lot number still leaves an enormous new burden on hospital pharmacies. Mr. Sillman states that a typical hospital pharmacy's policy requires the preparing pharmacy technician and the checking pharmacist to initial the label of the compounded sterile product. He states the purpose of the initials is to assure that all products have been inspected and cleared by a pharmacist for distribution to the nursing units to be immediately given to patients.

Mr. Sillman states that once a product is administered to a patient, the container with the label and initials is discarded and that no on-going record history of the preparing pharmacy technician or the checking pharmacist is kept that can be tracked to a particular dose on a particular day.

Suggested Response

Mr. Sillman's comment is not entirely within the scope of the modified text proposed in the 2nd 15-day comment period. In meeting its patient protection mandate, the board has determined that the record keeping requirements of compounded drug products as specified in proposed 1735.3 are necessary. This proposal does not dictate how the records are to be made and stored, rather just what information must be retained. Hospitals can implement a business solution that is least "burdensome" to their operations. Record of a product delivered and administered to a patient would be reflected in the patients chart order. In the event of a recall, one would need to be able to identify which compounded drug products were administered, and to whom, as well as who compounded the product. The records required in section 1753.3 do not need to be completed in advance of the administration of the compounded drug. Under the record keeping requirements proposed in 1735.3, compounded drug products administered on a particular day *would* be able to be tracked back to the applicable pharmacy record for a patient.

Comment #123

Mr. Sillman states that he fails to see how such long-term recordkeeping requirements in 1735.3(a) such as the identity of involved pharmacy personnel and expiration date of the

product contribute to the public welfare or safety, considering that the product has already been consumed.

Suggested Response

The general comments offered to proposed sections 1735.3(a) are not specific to the scope of the proposed text provided during the 2nd 15-day comment period.

Comment #124

Mr. Sillman states that maintaining such information on compounded batches in outpatient pharmacies makes sense due to the fact that part of the batch is still left that can be tested for accuracy of preparation. He said this is not the case in hospital practice.

Suggested Response

The general comment offered regarding the maintenance of records of compounded drug products in outpatient pharmacies versus hospital practice is not specific to the scope of the proposed text provided during the 2nd 15-day comment period.

Comments dated May 12, 2009, from D. Kaplan and Doug O'Brien, Pharmacy Strategy and Operations

Comment #125

Messrs. Kaplan and O'Brien comment on compounded sterile preparations (CSPs) in inpatient pharmacies. They state that inpatient pharmacies typically prepare CSPs to meet acute needs of patients. They state that requiring a master formula for small quantities of patient specific CSPs would cause significant delays in therapy. In addition, they state outpatient pharmacies already have policies and procedures which require the amounts of additives to be calculated and displayed for a pharmacist check. They add "This proposed language would be appropriate only when batches of compounded products are prepared which are intended for use in multiple patients."

Suggested Response

The comments offered are not specifically related to the proposed modification in section 1735.3(a)(6). While proposed 1735.3 provides what information shall be included in pharmacy records for each compounded drug product, the proposed modification (2nd 15-day comment period) exempts from the record keeping requirements of paragraph (6) those sterile products compounded on a one-time basis for administration within twenty-four hours to an inpatient in a health care facility licensed under section 1250 of the Health and Safety Code. The board recognizes the varying levels of compounding. This regulation specifies that a chart order can be used in lieu of a master formula.

Comment #126

Messrs. Kaplan and O'Brien state the proposed language change in 1735.3(a)(6) from two hours to 24 hours provides only a minimal relief from the otherwise onerous requirements of 'this paragraph.' They state their concern is that "1735.3 is just not appropriate for compounding in acute care settings."

In the area of their response to proposed 1735.3, they provide recommended new language for subsection (d) as follows:

"(d) For compounded drug products that are being prepared for use in multiple patients, these products shall not be compounded until the pharmacy has first prepared a written master formula record that includes at least the following elements:"

Suggested Response

The board disagrees with the comment that 1735.3 is "not appropriate for compounding in acute care settings." Several of the record keeping requirements for sterile products are already required in current regulation. This proposal does expand on the requirements, and now also includes the identity of the person who compounded the drug, the identity of the pharmacist reviewing the final drug product, the quantity of each component, the equipment used in compounding the drug product as well as a pharmacy assigned reference number. The board included the requirements for the identity of the person who compounded the drug as well as the pharmacist who reviewed the final drug product. The regulations were updated to allow a nonpharmacist to compound the medication as allowed in other areas of pharmacy law, and to require that a pharmacist complete a review. This check is an essential consumer protection component. Also, the equipment used is necessary to allow for a quality assurance review to be complete should a problem occur with such compounded medications. The intent of the regulation proposal is to improve patient safety.

The recommended language change provided by Messrs. Kaplan and O'Brien is labeled subdivision (d) and does not appear to be related to the subject matter found in proposed 1735.3(a)(6), but rather related to proposed 1735.2(d). Assuming this is correct, the proposed language is not within the scope of the modified text provided for comment during the 2nd 15-day comment period.

Comment #127

Messrs. Kaplan and O'Brien cite proposed "1735.8(a)(b)(c)." They state the language appears to be directed towards bulk compounding of non-sterile products or batch compounding of sterile products from non-sterile ingredients. They state it is inappropriate for compounding sterile products from sterile ingredients. They further state that when preparing sterile products from sterile ingredients, a quality assurance plan should include written standards for visual checks of the final products. Finally, they make a recommendation that there should be a

statement that exempts the preparation of sterile products from sterile ingredients from subsections (a)(b)(c).

Suggested Response

The comments offered to proposed sections 1735.8(a)(b)(c) are not within the scope of the proposed text provided during the 2nd 15-day comment period. Proposed section 1735.8 requires a pharmacy to maintain a written quality assurance plan as part of its written policies and procedures. Proposed 1735.8 specifies what the quality assurance plan is designed to do and further specifies what that plan shall include. Within the parameters provided in proposed 1735.8(a) through (d), the pharmacy determines the specifics of its written quality assurance plan.

Comment #128

Messrs. Kaplan and O'Brien cite proposed 1751.3(a)(2) and their concern that the language requires that labels of sterile injectable products display the recommended rate of administration. They state the recommended rate of administration on a products label can be unhelpful and incorrect, and provide several scenarios to support their point. Recommended language is proposed to replace the text of 1751.3(a)(2).

Suggested Response

The comments offered to proposed section 1751.3(a)(2) are not within the scope of the proposed text provided during the 2nd 15-day comment period. Proposed 1751.3(a)(2) is a current requirement in regulation (currently found in §1751.02(a)(2))

Comment #129

Messrs. Kaplan and O'Brien state that in the Initial Statement of Reasons section 1751.4(d) was renumbered from CCR 1751.01 and was consolidated with CCR 1751.1, and that consolidating the language was incorrect. The address CCR 1751.01 as it applied to Sterile Injectable Compounding from Non-Sterile Ingredients. They propose that the frequency of surface cleaning correspond to the risk level of sterile compounding being performed. They propose recommended language, which they state they have adapted from USP <797>.

Suggested Response

The comments offered to proposed 1751.4(d) and the Initial Statement of Reasons are not within the scope of the proposed text provided during the 2nd 15-day comment period. The requirements detailed in proposed 1751.4(d) is a current requirement in regulation (currently found in §1751.01(d)).

Comment #130

Messrs. Kaplan and O'Brien comment on 1751.7(d) with regard to sterility testing. They state this is of no value and must be deleted. They further state that if the Board of Pharmacy intended for subdivision (d) to apply to non-sterile to sterile compounding it should be stated explicitly. They recommend deleting specified proposed language and inserting an excerpt from the current 1751.7(b).

Messrs. Kaplan and O'Brien state that if the Board of Pharmacy intended for subdivision (d) to apply to sterile to sterile compounding, that the existing 1751.7(b) describes the appropriate process very well and should be retained.

Suggested Response

The comments offered to proposed sections 1751.7(b) and 1751.7(d) are not within the scope of the proposed text provided during the 2nd 15-day comment period.



"Sillman, Michael"
<SillmaM@sutterhealth.org>
05/07/2009 03:45 PM

To <carolyn_klein@dca.ca.gov>
cc <philip@cshp.org>, "**System - Pharmacy Directors"
<PharmD@sutterhealth.org>
bcc
Subject Comments on Requirements for Compounding

Dear State Board of Pharmacy:

Applying the recordkeeping exemption for 1735.3 to just the manufacturer and lot number still leaves an enormous new burden on hospital pharmacies.

A typical hospital pharmacy's policy requires the preparing pharmacy technician and the checking pharmacist to initial the label of the compounded sterile product. The purpose of the initials is to assure that all products have been inspected and cleared by a pharmacist for distribution to the nursing units to be immediately given to patients.

After the product is administered to the patient, the container with the label and initials is discarded. No ongoing record history of the preparing pharmacy technician or the checking pharmacist is kept that can be tracked to a particular dose on a particular day.

I fail to see how such long term recordkeeping requirements in 1735.3(a) such as the identity of involved pharmacy personnel and expiration date of the product contribute to the public welfare or safety considering that the product has already been consumed. Maintaining such information on compounded batches in outpatient pharmacies makes sense due to the fact that part of the batch is still left that can be tested for accuracy of preparation. That is not the case in hospital practice.

Thanks for your attention.

Michael Sillman
Director of Pharmacy
Marin General Hospital
250 Bon Air Road
Greenbrae, CA 94904
Voicemail 415-925-7867
Fax 415-925-7130

Proposed Language Citation #	Concern	Recommended Language Change
1735.3 (a)	<p>The scope of the proposed language appears to include most compounded sterile preparations (CSPs) in inpatient pharmacies. Inpatient pharmacies typically prepare CSPs to meet the acute needs of patients. Requiring a master formula for small quantities of patient-specific CSPs would cause significant delays in therapy. In addition, inpatient pharmacies already have policies and procedures which require the amounts of additives to be calculated and displayed for a pharmacist check. This proposed language would be appropriate only when batches of compounded products are prepared which are intended for use in multiple patients.</p> <p>The proposed language change in 1735.3 (a) (6) from two hours to 24 hours provides only a minimal relief from the otherwise onerous requirements of this paragraph.</p> <p>Our concern is that 1735.3 is just not appropriate for compounding in acute care settings.</p>	<p><i>(d) For compounded drug products that are being prepared for use in multiple patients, these products shall not be compounded until the pharmacy has first prepared a written master formula record that includes at least the following elements:</i></p>
1735.8 (a) (b) (c)	<p>This language appears to be directed towards bulk compounding of non-sterile products or batch compounding of sterile products from non-sterile ingredients. It is inappropriate for compounding sterile products from sterile ingredients. When preparing sterile products from sterile ingredients, a quality assurance plan should include written standards for visual checks of the final product.</p>	<p><i>There should be a statement that exempts the preparation of sterile products from sterile ingredients from subsections (a) (b) (c).</i></p>
1751.3 (a)(2)	<p>As proposed, this language requires that the labels of sterile injectable products display the recommended rate of administration. The recommended rate of administration on a product label can be unhelpful and incorrect. There are two common scenarios to support this point.</p>	<p><i>(2) Labeling of the sterile injectable product based on the intended route of administration. and recommended rate of administration. Facility policies shall state the circumstances whereby it is appropriate to display recommended rates of administration or duration of medication infusions.</i></p>

Proposed Language Citation #	Concern	Recommended Change Wording in plain text represent proposed BOP language Wording in <i>italics</i> is proposed language by KP Text marked by crossouts designate proposed deletions.	Priority
	<p>1. Due to dynamic patient clinical needs, physicians frequently order broad dosage ranges of vasoactive drugs, which result in equally broad ranges of administration rates. Example: a physician orders dopamine to be infused at a dose of 10 to 20 mcg/kg/min for a 70 Kg patient in order to maintain systolic blood pressure above a certain value. The pharmacy dispenses dopamine 800mg in D5W 250mL. According to the proposed language in this section, the product label would display an administration rate of 13 to 26 mL/hour – a two-fold range which is not helpful to the nurse administering the drug.</p> <p>2. Physicians often order frequent rate changes for other products, such as I.V. maintenance fluids and anticoagulants. If the pharmacy dispenses a product with a label displaying the initially ordered rate, and if the physician orders a rate change two hours later, the administration rate information in the product label becomes incorrect (and potentially misleading). In these cases, the initial administration rate on the product label would be considered incorrect the moment a physician orders a rate change.</p> <p>Nurses are instructed to use medication administration records or flow sheets to keep track of the most current administration rate for these types of products. On the other hand, there are some compounded products for which the ordered administration rate will not change, and the administration rate or infusion time is useful on product labels (eg. Cefazolin 1 gram in D5W 100 mL; infuse over 30 minutes). This information is commonly displayed on product labels because it improves the clarity and completeness. Inpatient pharmacies should have policies regarding the</p>		

Proposed Language Citation #	Concern	Recommended Change Wording in plain text represent proposed BOP language Wording in <i>italics</i> is proposed language by KP Text marked by crossouts designate proposed deletions.	Priority
1751.4 (d)	<p>content of medication labels, including when it is appropriate to display the administration rate.</p> <p>According to the Initial Statement of Reasons published by the Board, this section was renumbered from CCR 1751.01 and was consolidated with CCR 1751.1.</p> <p>Consolidating this language is incorrect.</p> <p>CCR 1751.01 applied to Sterile Injectable Compounding from Non-Sterile Ingredients. The importance of more stringent facility and equipment standards for compounding sterile products from non-sterile ingredients is well established. The proposed 1751.4 applies to all sterile injectable compounding, regardless of whether the ingredients were sterile or non-sterile. This proposed language applies these stringent standards to compounding sterile products from sterile ingredients, which is not supported by USP <797>.</p> <p>We are therefore proposing that the frequency of surface cleaning correspond to the risk level of sterile compounding being performed. We are using language adapted from USP <797>.</p>	<p>Proposed change to language:</p> <p>(d) Counters and easily cleanable work surfaces and floors must be disinfected daily. Walls, ceilings and storage shelving must be disinfected monthly. These surfaces must also be disinfected after any unanticipated event that could increase the risk of contamination.</p> <p>(e) When preparing sterile products from non-sterile ingredients, counters and easily cleanable work surfaces and floors must be disinfected daily. Walls, ceilings and storage shelving must be disinfected weekly. These surfaces must also be disinfected after any unanticipated event that could increase the risk of contamination.</p> <p>Move existing item regarding preparing cytotoxic agents to be new item (f)</p>	
1751.7 (d)	<p>As proposed, this language appears to reintroduce end product sterility testing for CSPs made from sterile ingredients using aseptic transfers. This is of no value and must be deleted.</p> <p>If the BOP intended for subdivision (d) to apply to non-sterile to sterile compounding, it should be stated explicitly.</p>	<p>Delete this proposed language: Batch-produced sterile to sterile transfers shall be subject to periodic testing through process validation for sterility as determined by the pharmacist in-charge and described in the written policies and procedures.</p> <p>Insert this language excerpted from current 1751.7 (b): <i>Each individual involved in the preparation of sterile injectable products must successfully complete a validation</i></p>	

Proposed Language Citation #	Concern	Recommended Change Wording in plain text represent proposed BOP language Wording in <i>italics</i> is proposed language by KP Text marked by crossouts designate proposed deletions.	Priority
	<p>If the BOP intended this language to apply to sterile to sterile compounding, existing 1751.7 (b) describes the appropriate process very well and should be retained.</p>	<p><i>process on technique before being allowed to prepare sterile injectable products. The validation process shall be carried out in the same manner as normal production, except that an appropriate microbiological growth medium is used in place of the actual product used during sterile preparation. The validation process shall be representative of all types of manipulations, products and batch sizes the individual is expected to prepare. The same personnel, procedures, equipment, and materials are involved. Completed medium samples must be incubated. If microbial growth is detected, then the sterile preparation process must be evaluated, corrective action taken, and the validation process repeated. Personnel competency must be revalidated at least every twelve months, whenever the quality assurance program yields an unacceptable result, when the compounding process changes, equipment used in the compounding of sterile injectable drug products is repaired or replaced, the facility is modified in a manner that affects airflow or traffic patterns, or whenever improper aseptic techniques are observed. Revalidation must be documented.</i></p>	

*Proposed Amendment to Title 16 CCR §§1721 and 1723.1 – Dishonest Conduct on a Pharmacist
Licensure Examination/Confidentiality.*

**Board of Pharmacy
Specific Language**

Amend Section 1721 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§1721. Dishonest Conduct During Examination.

An applicant for examination as a pharmacist who engages in dishonest conduct during the examination shall not have that examination graded, shall not be approved to take the examination for ~~twelve months~~ three years from the date of the incident, and shall surrender his or her intern ~~card~~ license until eligible to take the examination. The applicant may not be issued a pharmacy technician license until the applicant is again eligible to take the examination.

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Section 4200, Business and Professions Code.

Amend Section 1723.1 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1723.1. Confidentiality of Examination Questions.

Examination questions are confidential. Any applicant for any license issued by the board who removes all or part of any qualifying examination from the examination room or area, or who conveys or exposes all or part of any qualifying examination to any other person may be disqualified as a candidate for a license. The applicant shall not be approved to take the examination for three years from the date of the incident and shall surrender his or her intern license until again eligible to take the examination. The applicant may not be issued a pharmacy technician license until the applicant is again eligible to take the examination.

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 123 and 496, Business and Professions Code.

*Proposed Adoption of Title 16 CCR §1751.9 – Accreditation Agencies for Pharmacies that
Compound Sterile Injectable Drug Products*

Board of Pharmacy
Specific Language to Add Section 1751.9

Add Section 1751.9 to Division 17 of Title 16 of the California Code of Regulations to read as follows:

§1751.9 – Accreditation Agencies for Pharmacies that Compound Injectable Sterile Drug Products

- (a) Agencies seeking to become approved accrediting agencies for pharmacies that compound sterile injectable drugs pursuant to Business and Professions Code section 4127.1, shall provide evidence satisfactory to the board that:
 - (1) The accrediting agency performs site inspections and re-accreditation reviews of each accredited pharmacy at least every three years.
 - (2) The standards for granting accreditation and scoring guidelines for those standards reflect California law and sound professional practice as established by nationally recognized professional or standard-setting organizations.
 - (3) The surveyors who perform site inspections possess qualifications necessary to evaluate the professional practices subject to accreditation.
 - (4) The accrediting agency is recognized by at least one California healthcare payors (e.g., HMOs, PPOs, PBGH, CalPERS).
 - (5) The accrediting agency is able to accredit California and non-resident pharmacies.
- (b) An agency seeking recognition from the board to become an approved accrediting agency must submit a comparison of the agency's sterile compounding standards with each of the components of this article and other California law regarding sterile injectable compounding. The applicant agency's request will not be processed unless the comparison demonstrates the agency's standards are in compliance with California Pharmacy Law.
- (c) The board shall consider the length of time the agency has been operating as an accrediting agency.
- (d) The board shall be able to obtain access to an approved accrediting agency's report on individual pharmacies.
- (e) On an annual basis, no later than July 1 of each year, an approved accrediting agency will submit a report to the board listing all board- licensed facilities that have been accredited during the past 12 months.
- (f) The board may conduct unannounced inspections of accredited sites to determine if the licensed facility is in compliance with California law and good professional practice.
- (g) This approval shall be good for a period of three years. Three months before the end of the approval period, an approved accrediting agency must submit a reapplication to the board for continued recognition as an approved accrediting agency. The Board of Pharmacy shall take action on a completed application at a scheduled board meeting.