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TITLE 856 INDIANA BOARD OF PHARMACY

LSA Document #04-173(F)

DIGEST

Amends 856 IAC 1-30 to revise the standards for the preparation, labeling, and distribution of sterile pharmaceutical products by licensed pharmacists. Effective 30 days after filing with the secretary of state.

856 IAC 1-30-2
856 IAC 1-30-3
856 IAC 1-30-4.1
856 IAC 1-30-4.2
856 IAC 1-30-4.3
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856 IAC 1-30-4.5
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856 IAC 1-30-6
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856 IAC 1-30-14
856 IAC 1-30-17
856 IAC 1-30-18

SECTION 1. 856 IAC 1-30-2 IS AMENDED TO READ AS FOLLOWS:

856 IAC 1-30-2 "Biological safety cabinet" defined
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 2. As used in this rule, "biological safety cabinet" means a containment unit suitable for the preparation of low to moderate risk agents where there is a need for protection of the product, personnel, and environment, **according to National Sanitation Foundation (NSF) Standard 49.** *(Indiana Board of Pharmacy; 856 IAC 1-30-2; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1017, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2385)*

SECTION 2. 856 IAC 1-30-3 IS AMENDED TO READ AS FOLLOWS:

856 IAC 1-30-3 "Class 100 environment" defined
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 3. As used in this rule, "Class 100 environment" means an **ISO class 5** atmospheric environment, which contains less than one hundred (100) particles five-tenths (0.5) microns in diameter per cubic foot of air, **according to the ISO for clean rooms and associated controlled environments.** *(Indiana Board of Pharmacy; 856 IAC 1-30-3; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1017, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2385)*

SECTION 3. 856 IAC 1-30-4.1 IS ADDED TO READ AS FOLLOWS:

856 IAC 1-30-4.1 "Hazardous" defined
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 4.1. As used in this rule, "hazardous" means any drug or waste that may:
(1) be:
(A) cytotoxic;
(B) genotoxic;
(C) oncogenic;
(D) mutagenic;
(E) teratogenic; or
(2) otherwise pose a potential health hazard.
(Indiana Board of Pharmacy; 856 IAC 1-30-4.1; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2385)

SECTION 4. 856 IAC 1-30-4.2 IS ADDED TO READ AS FOLLOWS:

856 IAC 1-30-4.2 "ISO" defined
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 4.2. (a) "ISO" means the International Organization for Standardization.

(b) That certain document being titled International Organization for Standardization, as published by the International Organization for Standardization 1, rue de Varembé, Case postale 56 CH-1211 Geneva 20, Switzerland, is hereby incorporated by reference as if fully set out in this rule. *(Indiana Board of Pharmacy; 856 IAC 1-30-4.2; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2386)*

SECTION 5. 856 IAC 1-30-4.3 IS ADDED TO READ AS FOLLOWS:

856 IAC 1-30-4.3 "NSF" defined
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 4.3. (a) "NSF" means the National Sanitation Foundation.

(b) That certain document being titled The Standard for Performance (copyright 2004), as published by the National Sanitation Foundation, P.O. Box 130140, 789 North Dixboro Road, Ann Arbor, Michigan 48113-0140, is hereby incorporated by reference as if fully set out in this rule. *(Indiana Board of Pharmacy; 856 IAC 1-30-4.3; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2386)*

SECTION 6. 856 IAC 1-30-4.4 IS ADDED TO READ AS FOLLOWS:

856 IAC 1-30-4.4 "Parenteral" defined
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 4.4. As used in this rule, "parenteral" means a sterile preparation of drugs for injection through one (1) or more layers of the skin. *(Indiana Board of Pharmacy; 856 IAC 1-30-4.4; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2386)*

SECTION 7. 856 IAC 1-30-4.5 IS ADDED TO READ AS FOLLOWS:

856 IAC 1-30-4.5 "Positive patient outcome" defined
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 4.5. As used in this rule, "positive patient outcome" means the:
(1) cure or prevention of disease;
(2) elimination or reduction of symptoms; or
(3) arresting or slowing of disease process;

so as to improve the patient's quality of life. *(Indiana Board of Pharmacy; 856 IAC 1-30-4.5; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2386)*

SECTION 8. 856 IAC 1-30-4.6 IS ADDED TO READ AS FOLLOWS:

856 IAC 1-30-4.6 "Product quality and characteristics" defined
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 4.6. As used in this rule, "product quality and characteristics" means the following:
(1) Sterility.
(2) Potency associated with environmental quality.
(3) Preparation activities.
(4) Checks and tests.
(Indiana Board of Pharmacy; 856 IAC 1-30-4.6; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2386)

SECTION 9. 856 IAC 1-30-6 IS AMENDED TO READ AS FOLLOWS:

856 IAC 1-30-6 "Sterile pharmaceutical" defined
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 6. As used in this rule, "sterile pharmaceutical" means ~~a~~ **any** dosage form of a drug, **including, but not limited to, parenteral, injectable, and ophthalmic dosage forms, which dose form is** free from living ~~micro-organisms.~~ **microbes and free from chemical or physical contamination.** *(Indiana Board of Pharmacy; 856 IAC 1-30-6; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1017, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2386)*

SECTION 10. 856 IAC 1-30-7 IS AMENDED TO READ AS FOLLOWS:

856 IAC 1-30-7 Policy and procedure manual
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 7. Each pharmacy preparing and dispensing, **or holding itself out to prepare or dispense,** sterile pharmaceuticals shall maintain a policy and procedure manual relating to **the compounding, dispensing, delivery, administration, storage, and use of** sterile **pharmaceutical** products, **pursuant to prescriptions or drug orders, or both,** as part of the pharmacy policy and procedure manual or as a separate policy and procedure manual. This manual shall be available at the pharmacy for inspection by the board or its designated inspector. The manual shall be reviewed annually by the pharmacist-in-charge **or the qualifying pharmacist** and revised if needed. The manual shall include the name of the pharmacist-in-charge of the preparation of sterile pharmaceuticals and policies and procedures for the following:

(1) Clinical services provided.
(2) The handling, storage, disposal, and cleanup of accidental spills of ~~cytotoxic~~ **hazardous** drugs, if they are prepared.
(3) Disposal of unused supplies and drugs.
(4) Drug destruction and returns.
(5) Drug dispensing.
(6) Drug labeling and relabeling.
(7) Drug storage.
(8) Duties and qualifications for professional and nonprofessional staff.
(9) Equipment.
(10) Handling of infectious wastes, if drug products or administration devices are returned to the pharmacy after administration in the case of home administration.
(11) Infusion devices and drug delivery systems, if utilized.
(12) Investigational drugs, if dispensed.

(13) Quality assurance procedures to include the following:
(A) Recall procedures.
(B) Storage and expiration dating.
(C) Educational procedures for professional staff, nonprofessional staff, and **the** patient, if needed, in the case of home administration.
(D) Sterile procedures to include monitoring the temperature of the refrigerator, routine maintenance, and report of hood certification.
(E) Sterility testing or monitoring, if employed, in the case of routine bulk compounding from nonsterile chemicals.
(14) Reference manuals.
(15) Sterile product preparation procedures.

(Indiana Board of Pharmacy; 856 IAC 1-30-7; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1018, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2386)

SECTION 11. 856 IAC 1-30-8 IS AMENDED TO READ AS FOLLOWS:

856 IAC 1-30-8 Physical requirements
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 8. (a) A licensed pharmacy preparing sterile pharmaceuticals shall have a designated area for preparing compounded, sterile pharmaceuticals. The designated area shall be restricted to only those personnel authorized for the preparation of sterile pharmaceuticals. This area may be in a separate room or in a portion of a larger room. The area cannot be a warehouse or stockroom setting and must be free of dust and dirt.

(b) The designated preparation area shall be used only for the preparation of sterile pharmaceutical products and related functions.

(c) The licensed pharmacy preparing sterile pharmaceutical products shall have the following equipment:
(1) An environmental control device capable of maintaining at least ~~a~~ **an ISO Class 5** (Class 100) environment in the work space where critical objects are exposed and critical activities are performed. **This device must be capable of maintaining ISO Class 5 (Class 100) conditions during normal activity.** Examples of appropriate devices include **the following:**
(A) Laminar airflow hood. ~~and~~
(B) Zonal laminar flow of high efficiency particulate air (HEPA) filtered air.
(C) Barrier isolators.
(2) A sink with hot and cold running water ~~which~~ **that** is convenient to the compounding area **but outside the buffer area** for the purpose of hand scrubs ~~prior to~~ **before** compounding.
(3) Disposal containers for used needles, syringes, gowns, gloves, etc., and, if applicable, ~~cytotoxic~~ **for hazardous** waste from the preparation of chemotherapy agents and infectious wastes from patients.
(4) Environmental controls including biohazard cabinetry when ~~cytotoxic~~ **hazardous** drug products are prepared.
(5) A refrigerator with a thermometer.
(6) Infusion devices, if appropriate.
(7) Documentation to demonstrate adequate cleaning and sanitizing of the environment along with records of all necessary air sampling for particulates and microorganisms.
(8) Environmental control to maintain an ISO Class 8 (Class 100,000) conditions in the buffer area.

(d) **The pharmacy shall maintain supplies adequate to maintain an environment suitable for the aseptic preparation of sterile products. All expired, recalled, or adulterated and misbranded drug substances must be removed from the restricted area.** The licensed pharmacy preparing sterile pharmaceuticals shall include the following supplies:
(1) Disposable needles, syringes, and other supplies needed for aseptic admixture.
(2) Disinfectant cleaning **tools and** solutions.
(3) **A** hand washing agent with antibacterial action.
(4) Disposable towels or wipes.
(5) Filters and filtration equipment, if utilized.
(6) A ~~cytotoxic~~ **hazardous** drug spill kit shall be available in the facility if ~~cytotoxic~~ **hazardous** drugs are prepared.
(7) Disposable gowns and gloves.

(e) No one may have access to the pharmacy in the absence of the pharmacist, except as stated in ~~856 IAC 1-28-7.~~ **856 IAC 1-28.1-8.**

(f) **The pharmacy shall have sufficient current reference materials related to sterile products to meet the needs of pharmacy.** A pharmacy preparing **or proposing to prepare** sterile pharmaceuticals shall have in its reference library:

(1) the Handbook on Injectable Drugs, published by the American Society of Hospital Pharmacists (ASHP), 4630 Montgomery Avenue, Bethesda, Maryland 20814;

(2) the King's Guide to Parenteral Admixtures, published by Pacemarq Inc., 11701 Borman Drive, St. Louis, Missouri 63146; or

(3) ~~other~~ **another board-approved printed or** electronic database **sufficient** for determining mixing and administration guidelines and drug incompatibilities **such as would be contained in the references listed in subdivision (1) or (2).**

~~in addition to other publications as required in 856 IAC 1-6-2.~~

(g) If the pharmacy is handling or preparing ~~cytotoxic~~ **hazardous** drugs, the pharmacy shall have a **current** copy of Occupational Safety and Health Administration requirements for handling ~~cytotoxic~~ **hazardous** drugs as published ~~in~~ **by the** Occupational Safety and Health Administration, ~~Publication 8-1.1,~~ Office of Occupational Medicine, Directorate of Technical Support, Occupational Safety and Health Administration, U.S. Department of Labor. *(Indiana Board of Pharmacy; 856 IAC 1-30-8; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1018, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; errata filed Mar 17, 1992, 10:20 a.m.: 15 IR 1394; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2387)*

SECTION 12. 856 IAC 1-30-9 IS AMENDED TO READ AS FOLLOWS:

856 IAC 1-30-9 Personnel
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 9. (a) Each pharmacist, **pharmacist intern, pharmacist extern, and pharmacy technician** engaged in preparing sterile pharmaceuticals must be trained in the specialized functions of preparing and dispensing compounded, sterile pharmaceuticals, including the principles of aseptic technique and quality assurance. Documentation of such training or experience shall be made available for inspection by the board or its representatives.

(b) The qualifying pharmacist shall be responsible for the **following:**

(1) Purchasing, storage, compounding, repackaging, dispensing, and distribution of all sterile pharmaceuticals.

~~(c) The qualifying pharmacist shall also be responsible for the~~ **(2)** Development and continuing review of all:

(A) policies and procedures;

(B) training manuals; and

(C) quality assurance programs.

(c) The qualifying pharmacist shall:

(1) assure the environmental control of all products shipped, as controllable by the pharmacist to the extent such aspect of shipping is controllable by the pharmacist; and

(2) be responsible for adherence to all current USP Standards related to sterile compounding, personnel cleansing and gowning; or

(3) reject or cause to be rejected any such shipment or drugs as prepared in violation of applicable USP Standards.

(Indiana Board of Pharmacy; 856 IAC 1-30-9; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1019, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1337; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2388)

SECTION 13. 856 IAC 1-30-14 IS AMENDED TO READ AS FOLLOWS:

856 IAC 1-30-14 Records and reports
Authority: IC 25-26-13-4
Affected: IC 25-26-13-15; IC 25-26-13-18

Sec. 14. (a) The qualifying pharmacist shall be responsible for such records and reports as required to ensure the patient's health,

safety, and welfare. Such records shall be readily available and maintained for two (2) years from the date of issuance of the prescription or drug order and be subject to inspection by the Indiana board of pharmacy or its designated inspector. These records shall include the following:

(1) Patient profile or medication record system.

(2) Policy and procedure manual.

(3) Training manuals.

(4) Policies and procedures for disposal of ~~cytotoxic~~ **hazardous** waste, when applicable.

(b) Information regarding individual patients shall be maintained in a manner to assure confidentiality of the patient's record. Release of this information shall be in accordance with IC 25-26-13-15.

(c) If appropriate, the qualifying pharmacist must document the patient's training and competency in managing this type of therapy provided by the pharmacist to the patient in the home environment. A pharmacist must be involved in the patient training process in any area that related to drug:

(1) compounding;

(2) labeling;

(3) administration;

(4) storage;

(5) stability;

(6) compatibility; or

(7) disposal.

The pharmacist shall be responsible for seeing that the patient's competency in the areas in subdivisions (1) through (7) is reassessed at appropriate intervals. *(Indiana Board of Pharmacy; 856 IAC 1-30-14; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1020, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1338; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2388)*

SECTION 14. 856 IAC 1-30-17 IS AMENDED TO READ AS FOLLOWS:

856 IAC 1-30-17 Hazardous drugs

Authority: IC 25-26-13-4

Affected: IC 25-26-13-18

Sec. 17. **In addition to the minimum requirements for a pharmacy established by rules of the board,** the following ~~additional~~ requirements are necessary to ensure the protection of the personnel involved in those licensed pharmacies that prepare ~~cytotoxic~~ **hazardous** drugs:

(1) All ~~cytotoxic~~ **hazardous** drugs shall be compounded in a ~~vertical flow,~~ Class II, biological safety cabinet. **If this cabinet is not dedicated solely to the compounding of hazardous drugs, policies and procedures must be in place for the cleaning and decontaminating this biological safety cabinet.**

(2) Protective apparel shall be worn by personnel compounding ~~cytotoxic~~ **hazardous** drugs. This shall include disposable gloves and gowns with tight cuffs.

(3) Appropriate safety and ~~special handling~~ **containment** techniques for compounding ~~cytotoxic~~ **hazardous** drugs shall be used in conjunction with the aseptic techniques required for preparing sterile products.

(4) Procedures for disposal of ~~cytotoxic~~ **hazardous** waste shall be specified within the policy and procedure manual as required by section 7 of this rule **and comply with all applicable local, state, and federal requirements.**

(5) Written procedures for handling both major and minor spills of ~~cytotoxic~~ **hazardous** agents must be developed and included in the policy and procedure manual.

(6) ~~Cytotoxic agents~~ **Prepared doses of hazardous drugs** shall be ~~properly~~ **dispensed and** labeled ~~to identify the need for caution in handling, e.g., "Chemotherapy-Dispose of Properly". If shipped, the outer container must also be properly labeled with the same cautionary statement.~~ **with proper precautions inside and outside and shipped in a manner designed to minimize the risk of accidental rupture of the primary container.**

(Indiana Board of Pharmacy; 856 IAC 1-30-17; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1020, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2389)

SECTION 15. 856 IAC 1-30-18 IS AMENDED TO READ AS FOLLOWS:

856 IAC 1-30-18 Quality assurance
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 18. (a) The designated qualifying pharmacist shall conduct a documented, ongoing quality assurance program that monitors personnel performance, equipment, and facilities. Samples of finished products shall be examined, or other continuous monitoring methods shall be used to assure that the pharmacy is capable of consistently preparing sterile pharmaceuticals meeting ~~their~~ specifications **in accordance with good compounding practices and the current USP/NF Chapter on sterile preparation.** Quality assurance procedures shall include the following:

(1) Recall procedures for compounded sterile pharmaceuticals.
(2) Storage and dating for compounded sterile pharmaceuticals.
(3) Sterile procedures, including the following:
  (A) Monitoring the temperature of the refrigerator.
  (B) Routine maintenance.
  (C) Report of laminar flow hood certification.
(4) Written documentation of periodic hood cleaning.

(b) All biological safety cabinets and Class 100 environments shall be certified by an independent contractor or facility specialist as meeting Federal Standard 209B or National Sanitation Foundation Standard 49, as referenced in section 2 of this rule, for operational efficiency. Such certification shall be performed ~~at least annually.~~ **every six (6) months.** Records documenting certification, **which, at a minimum, includes laminar air flow velocity and particle count,** shall be maintained for a period of not less than two (2) years.

(c) Prefilters for the clean air source shall be replaced or cleaned as applicable on a regular basis and the replacement or cleaning date documented.

(d) A vertical flow Class II biological safety cabinet may be used to compound any sterile pharmaceutical product; however, ~~it~~ **the cabinet** must be thoroughly cleaned between each use for ~~cytotoxic~~ **hazardous** and ~~noncytotoxic~~ **nonhazardous** drug compounding.

(e) If manufacturing of parenteral solutions is performed utilizing nonsterile chemicals, extensive end product testing, as referenced in Remington's Pharmaceutical Sciences, published by Mack Publishing Company, Easton, Pennsylvania 18042, or other Federal Drug Administration approved testing methods, must be documented prior to the release of the product from quarantine. This process must include appropriate tests for particulate matter, microbial contamination, and testing for pyrogens. This does not preclude the extemporaneous compounding of certain sterile pharmaceuticals.

(f) There shall be:
(1) written justification of the chosen expiration dates for compounded parenteral products documented in the policy and procedure manual; **and**
~~(g) There shall be~~ **(2)** documentation of quality assurance audits at planned intervals, including infection control and sterile technique audits.

(Indiana Board of Pharmacy; 856 IAC 1-30-18; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1021, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1338; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2389)

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