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EXHIBIT 5

November 26, 2002

Arizona Board of Pharmacy
c/o Dean Wright
4425 West Olive Ave. Suite 140
Glendale, AZ 85302-3844

RE: Arizona Sterile Compounding Regulations: R4-23-670

Members of the Arizona Board of Pharmacy:

The International Academy of Compounding Pharmacists ("IACP") appreciates the opportunity to comment on recent revisions to Arizona's Sterile Compounding Standards. IACP's mission includes increasing awareness of the importance of compounding by providing accurate information on the benefits of compounding and providing assistance to pharmacists in improving their compounding activities. In this capacity, IACP wishes to address a number of concerns related to these regulations. IACP submits these comments on behalf of its Arizona members, who will be directly impacted by these regulations, and additionally their patients, who benefit from compounded medications.

R4-23-670. Sterile Drugs (C) "Equipment"

IACP requests revision of Section C, Number 4 – "Temperature-controlled delivery containers." Initially, pharmacists compound numerous sterile drug products that have varying storage, packaging, and shipping requirements. Temperature is not the only variable pharmacists should consider when selecting an appropriate delivery container for a product. Thus, addressing a specific variable (i.e. "temperature-controlled") in this regulation governing delivery containers may be inappropriate. Additionally, the word "control," used in pharmacy settings (i.e. controlled release capsules, controlled substances, etc.), communicates a degree of intensity and accuracy in regulation that is overly restrictive when applied to temperature and delivery devices. Further, the phrase, "temperature controlled," offers no practical guidance to pharmacists or inspectors on specific delivery devices acceptable for sterile product transport. Pharmacies use a variety of methods to regulate temperature in shipping. Thus, this standard remains open to a variety of interpretations by pharmacists and inspectors, creating potential for misunderstanding by pharmacists and arbitrariness in enforcement. IACP recommends revision of Section C, Number 4 to state, "Appropriate packaging or delivery containers to maintain necessary storage conditions for products."

R4-23-670. Sterile Drugs (E) "Policies and Procedures"

IACP maintains a number of concerns with the policy and procedure manual requirements of Section E. Initially, Number 2, Part (c) requires policy and procedure manuals to include procedures for "patient outcome monitoring." IACP member pharmacies have expressed concern that this requirement is not feasible in all instances. Patient outcome monitoring may not be appropriate in veterinary compounding. In addition, in office use compounding, patient outcomes may be more appropriately monitored by the administering physician. IACP recommends that Part (c) be revised to require "Patient outcome monitoring" only when appropriate or applicable.

Number 5 mandates that pharmacies create policies and procedures for "Drug administration, including guidelines for the first dosing of a drug." The phrase "including guidelines for the first dosing of a drug" can be problematic, as pharmacists are not always aware of the manner in which a physician intends to administer a compound. Several dosage forms require identical preparatory techniques yet could be subject to various methods of administration (i.e. many injections can be administered intramuscularly, intraspinally, intravenously, etc.). Physicians do not necessarily indicate the route of administration when submitting a script to a pharmacy. Lack of information on route of administration would not affect the quality of the compounded product prepared; however, it would prohibit compliance with this standard.

Number 12, "Patient Profiles," is a source of concern, as this regulation has been interpreted in a variety of states to mandate pharmacists to obtain unnecessary or unattainable information about patients. Availability of patient information differs greatly between hospital and community pharmacy practice settings. Detailed patient information in the community pharmacy practice setting can be virtually impossible to attain. In addition, collection of Board-mandated information can be an impractical and tedious exercise that does not accomplish desired purposes of increased product quality or patient compliance with treatment modalities. As pharmacists best understand what information is necessary to their practices, collection and application of patient information to compounding procedures should be determined by the pharmacists' professional judgment.

Number 13 requires pharmacists to include "patient education and safety, including provisions for the assessment of the living environment of the patients receiving sterile drugs" in the pharmacy's policies and procedures manual. This regulation is unclear especially regarding "assessment of the living environment of the patients." IACP is unsure as to what the "living environment" of patients includes, how pharmacists are to evaluate this living environment, and what insight this assessment brings to their patients or practice. This regulation needs to be clarified or removed.

Number 14, Part D requires pharmacies to keep a daily log of refrigerator and freezer temperatures. This requirement is overly burdensome to pharmacists and contributes little to the purported purpose of increasing quality control. This requirement should be removed.

Number 14, Part E states that the policies and procedures must include quality control provisions related to "in-process controls and end-product sterility verification and documentation." IACP is quite concerned that this regulation could be interpreted to require end-product testing for every sterile product compounded. Mandating end-product testing for every product would be financially devastating to pharmacies. The cost would additionally be prohibitive to patients. Testing for sterility, potency, and endotoxin level at an independent laboratory typically adds at least \$200-\$300 per compounded prescription. Instead, IACP strongly endorses process validation as a compelling indicator of product quality. Following logic provided in Remington's Pharmaceutical Sciences, IACP believes that process validation is a more effective quality indicator than end-product testing. Concurring with this theory, Arizona pharmacists' policy and procedure manuals might reflect language adapted from the American Society of Health-System Pharmacists (ASHP) Guidelines on Quality Assurance for Pharmacy-Prepared Sterile Products:

Each individual involved in the preparation of sterile products should successfully complete a validation process on the technique before being allowed to prepare sterile products. The validation process should follow written procedures. Process simulation testing is carried out in the same manner as normal production, except that an appropriate microbiological growth medium is used in place of the actual product during sterile preparation. Process simulation for compounding sterile products should be representative of types of manipulations, products and batch sizes that personnel preparing sterile products are likely to encounter. No products intended for patient use should be prepared by an individual for patient use until the process simulation test indicates that the individual can competently perform aseptic procedures. It is recommended that personnel competency be revalidated at least annually, whenever the quality assurance program yields an unacceptable result, or whenever unacceptable techniques are observed; this revalidation should be documented.

Process validation should be supplemented with a program of end-product sterility testing, according to a formal sampling plan. Written policies and procedures should specify methods of testing. Policies and procedures should include acceptance criteria for the sampling and testing. Products not meeting all specifications should be rejected and discarded. There should be a mechanism for recalling all products of a specific batch if end-product testing procedures yield unacceptable results.

Accordingly, IACP recommends that Arizona endorse process validation, supplemented if necessary by a sampling program of end-product testing. Number 14, Part E could be restated to say, "Documentation of process validation testing, supplemented by sampling for end-product sterility."

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IACP requests revision of Section 18 "Sterile Drug Delivery Requirements," Part (c), "Temperature and other environmental controls." As indicated previously, the word "control" is overly restrictive in regulations governing delivery requirements. Revision of this standard to require maintenance of necessary storage conditions for products would incorporate temperature, environmental, time limitations and other concerns related to shipping and delivery but would eliminate the problematic reference to controls.

IACP further requests clarification of Section 18, Part (d), "Emergency provisions." What are emergency provisions related to sterile drug delivery? This scope and application of this requirement, as written, are extremely unclear. This regulation should be clarified or removed.

R4-23-671. General Requirements for Limited-Service Pharmacy

IACP has been unable to locate in A.R.S. § 32-1901, 32-1929, 32-1930, 32-1931, or R4-23-606 an adequate definition of a "Limited-Service Pharmacy." The definitions of "limited service" cited reference only a permit and do not define the scope of these operations. IACP requests the Board of Pharmacy clearly define the scope of "limited service" to facilitate understanding of the applicability of the "limited service" regulations to compounding operations.

R4-23-675. Limited-Service Sterile Drugs Pharmacy

While IACP supports the objective of Section (D) of R4-23-675, providing patient access to pharmacists through a toll-free phone number, this regulation seems to define regular hours of operation for a limited-service pharmacy. This guideline dictates that regular hours of operation should be "not less than six days a week." Section (D) could be problematic for pharmacies who are open less than six days a week (e.g. five days a week).

IACP appreciates the opportunity to share our concerns with the Arizona Board of Pharmacy and we look forward to working with you on any future issues related to pharmacy compounding that we might encounter. If we can be of any assistance, or if you have any questions, please do not hesitate to contact me or Jennifer Brashares, IACP's Regulatory Affairs Coordinator, at (281) 933-8400.

Sincerely,

L.D. King
Executive Director

cc: Jennifer Brashares