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STATE OF OHIO BOARD OF PHARMACY

Compounding Guidance Document for Renewal

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Effective April 1, 2017, all prescribers that possess compounded drugs or engage in the compounding of dangerous drugs (i.e. prescription drugs) must obtain a license as a terminal distributor of dangerous drugs (ORC 4729.541).

On or after April 1, 2017, any facility possessing compounded drugs or engaging in drug compounding without being properly licensed as a terminal distributor will be in violation of Ohio law. In addition, a facility that is not licensed as a terminal distributor will not be able to purchase any compounded medications or drugs used for the purpose of compounding from any wholesaler, outsourcing facility or pharmacy.

NOTE: This requirement applies to all locations and includes previously exempted prescriber practices (dentist, solo-practitioners, etc.) if they possess compounded drugs or engage in drug compounding.

For questions regarding this licensing requirement, please review the following frequently asked questions. If you need additional information, the most expedient way to have your questions answered will be to e-mail the Board office at renewal@pharmacy.ohio.gov.

The Board defines compounding as followed:

In rule 4729-16-01 (effective 4.1.2017), compounding is defined as, "…the preparation, mixing, assembling, packaging, and labeling of one or more drugs. Compounding includes the combining, admixing, mixing, diluting, reconstituting, or otherwise altering of a drug or bulk drug substance."

However, compounding, for the purpose of licensure, **DOES NOT** include the following, pursuant to rule 4729-16-04 (effective 4.1.2017), as it relates to **NON-HAZARDOUS DRUGS ONLY** when administered to an individual patient:

1. The preparation of a drug device designated as such and approved by the United States Food and Drug Administration strictly in accordance with the manufacturer's labeling for administration and beyond use dating.

2. The reconstitution or dilution of a conventionally manufactured nonsterile dangerous drug product with no intervening steps in accordance with the manufacturer's labeling for administration and beyond use dating. NOTE: Any other reconstitution or dilution of a conventionally manufactured nonsterile product is considered compounding and shall be performed in accordance with United States Pharmacopeia Chapter, USP 39-NF 34, or any official supplement thereto.

3. The reconstitution or dilution of a conventionally manufactured sterile dangerous drug product with no intervening steps in accordance with the manufacturer's labeling for administration and beyond use dating. NOTE: Any other reconstitution or dilution of a conventionally manufactured sterile product is considered compounding and shall be performed in accordance with rule 4729-16-04 or 4729-16-13 of the Ohio Administrative Code.

If a prescriber office is engaged in any of the three activities previously described, the office **IS NOT** required to obtain licensure as a terminal distributor of dangerous drugs.

NOTE: If any activities involve the compounding, combining, admixing, mixing, diluting, or reconstituting of hazardous drugs, then the prescriber practice is required to obtain a terminal distributor license pursuant to rule 4729-16-11 of the Administrative Code.

Definitions for Non-Sterile Compounding pursuant to *United States Pharmacopeia* (USP) General Chapter <795>

- Simple non-sterile compounding is defined as making a preparation that has a *United States Pharmacopeia* (*USP*) compounding monograph or that appears in a peer-reviewed journal article that contains specific quantities of all components, compounding procedure and equipment, and stability data for that formulation with appropriate BUDs; or reconstituting or manipulating commercial products that may require the addition of one or more ingredients as directed by the manufacturer. Examples include *Captopril Oral Solution*, *Indomethacin Topical Gel*, and *Potassium Bromide Oral Solution, Veterinary*.

- Moderate non-sterile compounding is defined as making a preparation that requires special calculations or procedures (such as calibration of dosage unit mold cavities) to determine quantities of components per preparation or per individualized dosage units; or making a preparation for which stability data for that specific formulation are not available. Examples include *Morphine Sulfate Suppositories*, diphenhydramine hydrochloride troches, and mixing two or more manufactured cream products when the stability of the mixture is not known.

- Complex non-sterile compounding is defined as making a preparation that requires special training, environment, facilities, equipment, and procedures to ensure appropriate therapeutic outcomes. Examples of possible complex preparation types include transdermal dosage forms, modified-release preparations, and some inserts and suppositories for systemic effects.

- Hazardous Drug non-sterile compounding per USP General Chapter <800> is identified as hazardous or potentially hazardous by the National Institute for Occupational Safety and Health (NIOSH) based on at least one of the following six criteria: carcinogenicity, teratogenicity or developmental toxicity, reproductive toxicity in humans, organ toxicity at low doses in humans or animals, genotoxicity, and new drugs that mimic existing hazardous drugs in structure or toxicity. NIOSH maintains a list of antineoplastic and other hazardous drugs used in healthcare settings.

Definitions for Sterile Compounding pursuant to *United States Pharmacopeia* (USP) General Chapter <797>

- Low-Risk sterile compounding is identified as the CSPs are compounded with aseptic manipulations entirely within ISO Class 5 (see *Table 1*) or better air quality using only sterile ingredients, products, components, and devices. The compounding involves only transfer, measuring, and mixing manipulations using not more than three commercially manufactured packages of sterile products and not more than two entries into any one sterile container or package (e.g. Bag, vial) of sterile product or administration container/device to prepare the CSP. Examples: Single-volume transfers of sterile dosage forms from ampules, bottles, bags, and vials using sterile syringes with sterile needles, other administration devices, and other sterile containers.

- Medium-Risk sterile compounding is identified as multiple individual or small doses of sterile products are combined or pooled to prepare a CSP that will be administered either to multiple patients or to one patient on multiple occasions. The compounding process includes complex aseptic manipulations other than the single-volume transfer. Examples: Transfer of volumes from multiple ampules or vials into one or more final sterile containers.

- High-Risk sterile compounding is identified as nonsterile ingredients, including manufactured products not intended for sterile routes of administration (e.g., oral), are incorporated or a nonsterile device is employed before terminal sterilization. Example: Dissolving nonsterile bulk drug and nutrient powders to make solutions that will be terminally sterilized. Measuring and mixing sterile ingredients in nonsterile devices before sterilization is performed.

- Hazardous Drug sterile compounding per USP General Chapter <800> is identified as hazardous or potentially hazardous by the National Institute for Occupational Safety and Health (NIOSH) based on at least one of the following six criteria: carcinogenicity, teratogenicity or developmental toxicity, reproductive toxicity in humans, organ toxicity at low doses in humans or animals, genotoxicity, and new drugs that mimic existing hazardous drugs in structure or toxicity. NIOSH maintains a list of antineoplastic and other hazardous drugs used in healthcare settings.

  The National Institute for Occupational Safety and Health maintains a list of hazardous drugs used in healthcare settings. The list can be accessed here: https://www.cdc.gov/niosh/docs/2016-161/.

  For more information on hazardous drug compounding by prescribers, visit: www.pharmacy.ohio.gov/hazardous

FDA registered outsourcing facilities

- Outsourcing facility means a facility at one geographic location or address that is engaged in anticipatory compounding of sterile drugs and complies with the United States food and drug administration section 503B of the Federal Food, Drug, and Cosmetic Act (11/27/2013) and in accordance with rule 4729-16-02 of the Ohio Administrative Code.

- A list of Ohio licensed outsourcing facilities can be accessed here: www.pharmacy.ohio.gov/outsourcing

Patient Specific Compounded Drugs

Patient specific Compounded drugs are those medications that are not commercially available in the strength, concentration, or form needed for a prescriber office or specific patient. The medications are provided by a pharmacy (usually a specialty or compounding pharmacy).

For Non-Resident Pharmacies please review the Ohio Administrative Code 4729-16-08 for requirements for shipping compounded medication into Ohio.

Please note: The terminal distributor licensure requirement applies if the prescriber is ordering patient-specific compounded drugs to their location to be picked up by the patient in accordance with rule 4729-5-10 of the Ohio Administrative Code.