Alliance for Pharmacy Compounding

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June 3, 2024

Seung Oh, President
Anne Sodergren, Executive Officer
California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Dear President Oh, Director Sodergren, and Board Members:

Thank you for the opportunity to comment on the **Notice of Proposed Regulatory Action Concerning: Compounded Drug Products** issued by the California State Board of Pharmacy.

The Alliance for Pharmacy Compounding is the national trade association for the pharmacy compounding industry, representing more than 500 compounding pharmacies and facilities across the U.S., including more than 4,000 compounding pharmacists and technicians in both 503A and 503B settings, as well as prescribers, educators, researchers, and suppliers.

Our comments on specific provisions of the proposed regulations are attached here and refer to the amendments and repeals outlined in the proposal affecting Division 17 of Title 16 of the California Code of Regulations.

We have serious concerns about certain provisions of the Board's proposed regulations and the ongoing failure of the Board to root its regulation and enforcement of compounding in applicable law and science. The effects of the Board's regulation of sterile compounding in particular, may be serving to drive sterile compounding pharmacies out of California and deprive California patients access to essential compounded medications. In short:

1. The Board is proposing regulation of sterile compounding that goes beyond nationally recognized and accepted standards, has provided no evidence of how that additional regulation makes patients safer, and has failed to respond to requests that it explain the need for the additional regulation.
2. The Board asserts that the proposed regulations will have no economic impact, a demonstrably erroneous assertion that indicates the Board did not conduct a proper economic impact analysis of the proposed regulations on California-based small business sterile compounding pharmacies, which will certainly need to make necessary investments to come into compliance.

3. The Board has failed to conduct a proper analysis of the impact of the proposed regulations on California patients and their ability to access essential sterile compounded medications.
4. The Board has been nonresponsive to requests for clarification of its regulations and inspection protocols, leaving licensees without a clear understanding of what compliance with Board regulation looks like.
5. The Board has used taxpayer dollars to attempt to enforce non-existent regulation and to enact punitive action against some sterile compounding pharmacies for offenses that have no bearing on patient safety – cases which have resulted in legal actions in which courts have ruled in favor of pharmacies.

We elaborate on these concerns below.

The Board's proposals exceed national standards but do not demonstrate how additional regulation protects patients.

We are deeply concerned about the Board's proposal, some provisions of which go well beyond what is required in federal law and what is recommended in the compounding standards of the United States Pharmacopeia. The Board's mission is to protect its citizens, of course, but the Board has failed to demonstrate how proposed regulatory changes that exceed the carefully considered USP standards keep patients safer. Indeed, with its proposal the Board seems to embrace more regulation for the sake of regulation, without regard to the impacts of that regulation on patients who depend on compounded medications. The regulatory amendments you have proposed will almost certainly limit patient access to compounded medications – medications that in the judgment of their prescriber are necessary.

As you know, compounding is authorized in federal and state law and has been a necessary therapeutic option in the U.S. for generations. It is essential when a provider judges there is no appropriate FDA-approved drug for a patient or the appropriate FDA-approved drug is not available. We do support alignment of California regulation with USP <795>, <797> and <800> standards, which are normative in most other states.

Because the USP Chapters are the recognized standard across the nation, we strongly urge that the Board step back from proposed regulation that exceeds those standards, particularly if the Board is unable to demonstrate how its proposals make patients safer.

The Board did not conduct a proper economic analysis of the proposed regulations on pharmacies.

Without question, the proposed regulations will require small-business pharmacies to incur significant expense to come into compliance. Many are prepared to make investments to be compliant with the USP chapters. But the Board's representation that the proposed regulations will have no financial or economic impact is simply incorrect. There are significant costs of compliance. In addition, we believe an unintended consequence of implementation of your

proposed changes will be to drive some California compounding pharmacies to cease sterile and/or hazardous drug compounding – a move that will affect not only California patient access to compounded sterile drugs but could also result in layoffs of pharmacy personnel and elimination of jobs. That potential economic impact must be recognized.

We urge the Board to conduct stakeholder interviews or perform other data-gathering in order to determine the real financial and economic impact of these proposed changes – the costs of compliance, of course, but also the potential economic impact on pharmacies that may cease operation and the lost jobs that may result.

The Board did not conduct a proper analysis of the impact of the proposed regulations on California patients and their access to compounded sterile preparations.

As we note in our detailed comments, some of the proposed provisions will likely place certain types of compounded medications out of reach of California patients, such as compounded allergenic extract injections. Other proposals, particularly the prohibition on compounding substances that appear on the FDA's interim bulk substances list, will result in an immediate loss of access to essential medications — methylcobalamin and glutathione, for instance — for many California patients.

As stated earlier, we believe the Board has failed to show how its proposed additional standards will improve the safety of compounded medications. Indeed, the Board's proposal does not balance patient access with patient safety. Closer alignment with federal guidelines and USP chapters will better serve the needs of California patients and compounding pharmacies alike.

The Board has been nonresponsive to our simple requests for clarification of its regulations and inspection protocols.

In recent years, the California Board has cultivated an environment of uncertainty in its understanding and interpretation of current regulation, failing to provide clarity when asked or, in some instances, even to respond at all. That absence of bright-line understanding of the meaning of a regulation and how the Board defines compliance puts licensees in a no-win situation when inspected, having to guess whether they will be deemed compliant or not.

Pharmacy compounders are conscientious and want to comply with state and federal law and regulation, but to do so, they must understand not only the purpose of the regulation but also the Board's interpretation of that regulation.

We believe that adding additional state-specific regulatory requirements on top of widely accepted USP standards will only deepen that environment of confusion and uncertainty the Board has cultivated.

At a minimum, if your proposals are enacted, we strongly urge that the California Board of Pharmacy engage in thorough and extensive training and education of licensees of any new regulations to help assist pharmacies in attaining full compliance and protecting patient health. Licensees should not be kept in a posture of having to guess how California regulators are going to interpret one regulation or another.

The Board has a history of going after licensees for minor infractions – often expending taxpayer dollars, only to lose in court.

The Board's ongoing "throw the book at them" enforcement mindset has resulted in onerous disciplinary action – including loss of license and stiff financial penalties – against conscientious licensees for minor violations that do not impact patient safety. In several of those instances, the cases have landed in courts and the judges have ruled in favor of the pharmacy. These represent a stunning misuse of both the Board's power and the taxpayer resources with which it is entrusted.

We are supportive of the Board's role in protecting California citizens, but we bemoan the ongoing lack of discernment in the Board's wielding of its authority. We have no confidence that adding new, excessive regulation will improve that situation. In fact, we only think it will further encourage the Board to act imperiously and punitively.

As mentioned, our comments on specific proposed regulatory proposals is attached here and should be considered part of this comment letter.

Please do not take our pointed criticism of the Board's actions as disrespect. We do understand and respect the seriousness and complexity of the Board's role in protecting Californians. But that very seriousness and complexity should spur the Board to take care that its regulations and actions are not only rooted in both science and practicality, but that they are consistent, coherent, and fair. We urge the Board to either justify the patient safety benefits of proposals that exceed national standards or to revise the proposal to match the applicable USP chapters.

Thank you for this opportunity to comment. Should you have any questions or require further information, please do not hesitate to contact me at scott@a4pc.org.

Sincerely,

Scott Brunner, CAE
Chief Executive Officer

Comments of The Alliance for Pharmacy Compounding Regarding The Notice of Proposed Regulatory Action Concerning: Compounded Drug Products		
Section, Subdivision	**Proposed Language**	**Recommendation/Comment**
Notice of Proposed Action Concerning: Compounded Drug Products	Fiscal Impact and Related Estimates	The board indicates that the proposed changes will not have a significant adverse economic impact, including the inability of California businesses to compete with businesses in other states. The board makes these statements without conducting interviews gathering stakeholder feedback. The board also indicates that it does not have data to determine if its licensees are "small businesses," which of course, many are. Holding pharmacies to a higher standard than is required by FDA and USP will cost these pharmacies, including those that are small businesses, more money to comply. The term "Small Business" is defined in California Code. The California Board of Pharmacy has over 40 inspectors who physically visit those establishments regulated by the Board. It can be assumed that Board Inspectors have the capability to determine which licensed entities they visit would qualify as a "Small Business." We respectfully request that the Board of Pharmacy refrain from implementing these proposed regulations until an actual economic impact analysis can be performed, determining the adverse effect the proposed

		regulations will have on small businesses.
1735(a)	"Approved labeling" means the Food and Drug Administration's (FDA's) approved labeling in accordance with sections 201.56 and 201.57 of title 21, Code of Federal Regulations that include FDA approved information for the diluent, the resultant strength, the container closure system, and storage time.	As written, this definition assumes that all FDA-approved drugs have a diluent, resultant strength, and storage time. This will not always be the case.
1735(c)	"Diluent" means a liquid with no pharmacological activity used in reconstitution, such as purified water or sterile water.	If this is specifically related to manufactured products, it will work. If this is used when speaking to compounded preparations, it must specify that it is referring to USP grade purified water or USP grade sterile water. USP grade water is required as a component of nonsterile compounds.
1735 (d)	"Essentially a copy" of a commercially available drug product means a preparation that includes the same active pharmaceutical ingredient(s) (APIs) as the commercially available drug product, except that It does not include any preparation in which there has been a change made for an identified individual patient that produces for that patient a clinically significant difference, as determined by the prescribing practitioner,	The FDA defines an "essential copy" as the same API; same route of administration; same, similar, or easily substitutable strength; and same characteristics as the combination of two or more commercially available drug products in the 503A copies guidance. The proposed definition makes many compounded medications copies of manufactured drugs for simply sharing the same API. Recommend aligning with the FDA approach.

	between that compounded preparation and the commercially available drug product.	
1735.1 (b)	Repackaging of a conventionally manufactured drug product is not considered compounding if compliant with USP Chapter 1178, *Good Repackaging Practices*.	USP chapters over 1000 are not written for compliance purposes. See this quote from the USP General Notices: "General chapters numbered 1000 to 1999 are for informational purposes only. They contain no mandatory tests, assays, or other requirements applicable to any official article, regardless of citation in a general chapter numbered below 1000, a monograph, or these General Notices." Generally pharmacists can dispense an oral capsule or tablet and the patient can store it in a prescription bottle for up to one year provided that the expiration date of the product is at least that long. Following the guidance in USP 1178, the same drug could only be given no more than 6 months of dating and many times this could be shorter. This is not logical. Recommend to move away from this guidance and to not use chapters over 1000 as regulation.
1735.1 (e)(2)	For furnishing of not more than a 7-day supply, as fairly estimated by the prescriber, and documented on the purchase order or other documentation submitted to the pharmacy prior to furnishing.	Finishing a course of medication, like antibiotics, is important, and many pet owners will not fill the remainder of the prescription if a full course is not provided. Veterinarians should be able to provide a full course of antibiotic agents to the owners of the animals for which they are prescribed. APC is requesting a carve-out (similar to that for

		ophthalmic agents) for antibiotic medications.
1735.1 (f)	In addition to the prohibitions and requirements for compounding established in federal law, no CNSP shall be prepared that:	Prior version cited 21CFR353a. Replacing the citation with "federal law" is vague and could apply to any federal law.
1735.1(f)(1)(A,B,C)	Is essentially a copy of one or more commercially available drug products, unless:	There is no accommodation for veterinary compounds, which are regulated under different provisions of federal law. A reference should be made to the appropriate guidance, and a section should be added to allow for compounded preparations being sold for veterinary office use where the API appears on the lists of approved or under consideration APIs for veterinary use. Subpoint A indicates that the drug must be on shortage 'at the time of compounding and at the time of dispensing'. There should be a transition period from the time of the end of shortage. We recommend a 30-day transition period.
1735.1(f)(1)(B)	Considers a compounded preparation "essentially a copy" unless the compounding produces a clinically significant difference for the medical need of an identified individual patient, as determined by: the prescriber, the compounding pharmacist and the dispensing pharmacist.	Is it necessary to have two pharmacists involved? What if the compounding pharmacist is also the dispensing pharmacist? This is not a pharmacist's job. Furthermore, it puts the pharmacist in an adversarial position to the prescriber, questioning the prescriber's judgement. How would the pharmacy document pharmacist(s) assessment of the reason for compounding?

1735.1(1)(B)	The compounding produces a clinically significant difference for the medical need of an identified individual patient, as determined by: the prescribing practitioner; the compounding pharmacist, and the dispensing pharmacist(s).	This language as a statement could require all 3 people involved to document their determination of the clinical need for the compounded preparation. If the physician has said/documented the need, then additional determination and ultimately documentation by the two pharmacists creates unnecessary work that pulls away from time that could be better used for patient care activities.
1735.1(f)(2)	Is made with any component not suitable for use in a CNSP for the intended patient population, unless allowable under the Animal Medicinal Drug Use Clarification Action of 1994 (AMDUCA).	As written, this eliminates the compounding of drugs for animals from API because AMDUCA does not address this. The statement says that it has to be specifically allowed under AMDUCA, and AMDUCA does not address this topic. California should align with FDA GFI 256 in their approach to animal compounding to maintain patient access.
1735.2(a)	Training and competency procedures for all personnel who compound or have direct oversight of personnel performing compounding, verifying, and/or handling a CNSP shall address the following topics…	There are many people that may handle the CNSP (lab assistants, dispensary technicians, shipping associates) who do not need to be trained on topics such as container closure, equipment selection, and component selection and handling.
1735.2(c)	Compounding personnel or persons with direct oversight over personnel performing compounding, who fail any aspect of ongoing training and evaluation shall not be involved in compounding or oversight of the preparation of a CNSP until after successfully passing training and competency in the deficient	Having people that fail any aspect of training be removed from compounding is too broad. A more nuanced approach needs to be taken based on what training was failed. If the person fails washing their hands properly, they should be excluded from compounding entirely. If they fail compounding of capsules, it does not generally mean they could not continue to compound

	area(s) as detailed in the facility's SOPs.	suspensions provided that they had passed the training for that dosage form. Wording should be amended to allow the supervising pharmacist to determine the appropriate course of action based on the training needed and the training that was not passed.
1735.3(a)	Prior to admitting any personnel into a compounding area, the supervising pharmacist shall evaluate them.	Is it reasonable for every employee to check in with a pharmacist at the beginning of the day to check them for rashes, oozing sores, conjunctivitis, etc.? It is typical in GMP facilities that it is a requirement of each person to report these symptoms to management as opposed to the pharmacist responsible to inspect each person and admit them to compounding. Requiring the pharmacist to inspect their team prior to compounding for all the listed items will create HR-related challenges and is not realistic.
1735.3(c)	Disposable garb shall not be shared by staff and shall be discarded if soiled and after each shift. All garb removed during a shift must remain in the compounding area.	As written, this would allow for the reuse of any and all disposable garb during a shift. Of the disposable garb items, only the disposable gown should be reused.
1735.3(e)	Non-disposable garb should be cleaned with a germicidal cleaning agent and sanitized with 70% isopropyl alcohol before re-use.	It is possible that the proposed language was intended for items such as goggles. However, it is possible that some pharmacies may have non-disposable garb, including gowns, which are laundered either by the pharmacy or by third party services. These gowns would be typically cleaned with the combination of agents specified in the proposed language. Clarity should be created in the wording of this language as to what non-

		disposable garb this is expected to be used with.
1735.4(b)	Purified water, distilled water, or reverse osmosis water shall be used for rinsing equipment and utensils.	USP 795 offers this as a should statement and is not required. Should this be required as written it should also allow for other waters of equal or better quality such as sterile water for irrigation or sterile water for injection.
1735.4(c)	CNSP shall be compounded if it is known, or reasonably should be known, that the compounding environment fails to meet criteria specified in the law or the facility's SOPs.	Recommend specifying the following as: • Vermin (e.g., insects, rodents) or other animals (e.g., dogs) or evidence of their presence (e.g., urine, feces) in the production area or adjacent areas • Visible microbial contamination (e.g., bacteria, mold) in the production area or adjacent areas Foreign matter in the production area (e.g., rust, glass shavings, hairs, paint chips) • Producing drugs while construction is underway in a nearby area without adequate controls to prevent contamination of the production area and product • Standing water or evidence of water leakage in the production area or adjacent areas • Handling bulk drug substances or drug products that are hazardous, sensitizing, or highly potent (e.g., hormones) with inadequate controls to prevent cross-contamination. • Using active ingredients, inactive ingredients, or processing aides, that have or

		may have higher levels of impurities compared to compendial or pharmaceutical grade equivalents (e.g., ingredients with potentially harmful impurities, ingredients labeled with "not for pharmaceutical use" or an equivalent statement)
1735.7(c)(1)	The date and time of compounding, which is the time when compounding of the CNSP started, and which determines when the assigned BUD starts	Time becomes relevant when BUDs are relatively short (<72 hours). This would be highly uncommon for CNSPs. Recommend that the language be updated to only include the day that the CNSP was compounded.
1735.7(c)(2)	The manufacturer, lot number, and expiration date for each component.	The manufacturer of each component is a trade secret that is not required to be disclosed by federal law or federal regulation. Suggest changing the word manufacturer to supplier.
1735.7(c)(4)	The total quantity compounded, which shall include the number of units made and the volume or weight of each unit.	Compounding software programs typically require the metric quantity of a batch prepared, but do not document the quantity of each individual unit.
1735.10(b)(1)	The chemical and physical stability data of the active pharmaceutical ingredient (API) and any added component in the preparation.	Components such as pH adjusters should be excluded from impacting the BUD of the formulation. These are typically made fresh, used, and disposed of. If the pharmacy were to document a 1-day BUD for the pH adjuster, then this language as written would cause the final preparation to have a 1-day BUD. Recommend aligning with USP's approach to exclude pH adjusters from the determination of the BUD.

1735.10(b)(2)	(e.g. possible leachables, interactions, and storage conditions.)	Leachables per USP are extensive studies that cost several hundred thousand dollars for each drug product. It is not reasonable for compounding pharmacy to study leachables.
1735.11(1)	Comply with USP Chapter 1163, Quality Assurance in Pharmaceutical Compounding	USP chapters over 1000 are not written for compliance purposes. See this quote from the USP General Notices: "General chapters numbered 1000 to 1999 are for informational purposes only. They contain no mandatory tests, assays, or other requirements applicable to any official article, regardless of citation in a general chapter numbered below 1000, a monograph, or these General Notices."
1735.11(a)(2)(E)	The validated processes for storage, shipping containers and transportation of temperature sensitive CNSPs to preserve quality standards for integrity, quality and labeled strength.	The statement “validated processes” is unclear and undefined.
1735.12(a)	The facility’s quality assurance program shall comply with section 1711 and the standards contained in USP Chapter 1163, entitled *Quality Assurance in Pharmaceutical Compounding*. In addition, the program shall include the following:	USP chapters over 1000 are not written for compliance purposes. See this quote from the USP General Notices: "General chapters numbered 1000 to 1999 are for informational purposes only. They contain no mandatory tests, assays, or other requirements applicable to any official article, regardless of citation in a general chapter numbered below 1000, a monograph, or these General Notices."
1735.12(b)	The Board shall be notified in writing within 72 hours of the facility’s receipt of a complaint	Adverse events are expected as a potential occurrence with the use of a drug and may not represent a

	of a potential quality problem or the occurrence of an adverse drug event involving a CNSP.	quality-related problem with the compounded medication. As written, the board will have to hear about every adverse effect related to a CNSP whether it is related to the quality of the CNSP or not. This type of reporting may drown out the reports the board needs to be aware of for a CNSP that has a quality problem. Suggest that this be changed to have the reporting occur when the adverse drug event is related to a quality problem and is not an adverse event that is generally expected to occur with the use of the drug. Pharmacies should investigate potential quality problems. It will take longer than 72 hours to conduct those investigations, as well. The board will be notified of occurrences prior to them being able to be fully investigated.
1735.13	In addition to the standards set forth in USP 795, the facility shall ensure appropriate processes for storage, shipping containers and temperature sensitive CNSPs as provided for in the facility's SOPs.	The statement "validated processes" is unclear and undefined.
1736 (g)		See 1735 (f) above
1736.1(e)	"Essentially a copy" of a commercially available drug product means a preparation that includes the same active pharmaceutical ingredient(s) (APIs) as the commercially available drug product, except that It does not include any preparation in which there has been a change made for an identified individual patient	The FDA defines an "essential copy" as the same API; same route of administration; same, similar, or easily substitutable strength; and same characteristics as the combination of two or more commercially available drug products. Recommend that California align with FDA's description used in the 503A copies guidance.

	that produces for that patient a clinically significant difference, as determined by the prescribing practitioner, between that compounded preparation and the commercially available drug product.	
1736.1(b)	CSPs for direct and immediate administration as provided in the Chapter shall only be compounded in those limited situations where the failure to administer such CSPs could result in loss of life or intense suffering of an identifiable patient….	There are many other times that CSPs should be compounded for direct and immediate administration other than loss of life or intense suffering. USP removed the emergency situation requirement for immediate-use CSPs. An example of when this might be required is during the shortage of lidocaine with epinephrine. Clinics could use available ingredients (lidocaine vials, epinephrine vials) to compound multiple syringes for use in multiple patients over a 4-hour period. This medication is often needed for infiltration and nerve block.
1736.1(e)(1)(A,B,C)	Is essentially a copy of one or more commercially available drug products, unless:	There is no accommodation for veterinary compounds, which are regulated under different provisions of federal law. A reference should be made to the appropriate guidance, and a section should be added to allow for compounded preparations being sold for veterinary office use where the API appears on the lists of approved or under consideration APIs for veterinary use.
1736.1(e)(2)	Is made with any component not suitable for use in a CNSP for the intended patient population, unless allowable under the Animal Medicinal	As written, this eliminates the compounding of drugs for animals from API because AMDUCA does not address this. The statement says that it must be specifically

	Drug Use Clarification Action of 1994 (AMDUCA).	allowed under AMDUCA, and AMDUCA does not address this topic. California should align with FDA GFI 256 in their approach to animal compounding to maintain patient access.
1736.1(e)(3)	Is made with a non-sterile component for which a conventionally manufactured sterile component is available and appropriate for the intended CSP.	In some cases, starting with the non-sterile component would be more appropriate (excipients in the conventionally manufactured product, tonicity, concentration). Depending on batch size and compounding set-up, using a conventionally manufactured sterile product as opposed to bulk ingredients could cause more sterility issues and potency variability among units prepared (e.g., exponentially increased manual manipulations by repetitively entering vials or bags to transfer a portion of liquid to the finished preparation increases the potential for contamination and variability as these processes are primarily manual.) Additionally, starting with non-sterile ingredients already shortens the BUD of the final product. Does “conventionally manufactured” mean commercially available?
1736.1(e)(4)	Requires end-product sterilization unless sterilization occurs within the same licensed compounding location.	This would prevent the use of e-beam or gamma-irradiation sterilization methods, which are performed off-site at validated facilities. Can the board demonstrate the harm caused to patient care by offsite sterilization?
1736.2(d)	Compounding personnel or persons with direct oversight	The person with direct oversight who fails will need more than 14

	over compounding personnel who fail any aspect of the aseptic manipulation ongoing training and competency evaluation shall not be involved in compounding or oversight of the preparation of a CSP until after successfully passing training and competency in the deficient area(s) as detailed in the facility's SOPs. A person with only direct oversight over personnel who fails any aspect of the aseptic manipulation ongoing training and competency evaluation may continue to provide only direct oversight for no more than 14 days after a failure of any aspect while applicable aseptic manipulation ongoing training and competency evaluation results are pending.	days after the failure if this involves a media-fill failure. The incubation of a media-fill takes 14 days at a minimum per 797. Unless the person can do a media-fill on the same day that their media-fill failure is known, they will not be able to continue to provide that direct oversight for some number of days. Recommend that this time be extended to 21 days. Similar to the comment in nonsterile compounding, removing people from performing all compounding due to a failure in any training area is not appropriate. A more nuanced approach should be used. If a person fails in their use of an autoclave, they could still compound solutions that are prepared aseptically or by filtration, assuming that they passed all training and competency for those processes. The supervising pharmacist needs to be able to determine areas of training and competency that would cause the compounder to be completely removed from all compounding of CSPs.
1736.3		Refer to 1735.3(a) above
1736.6(a)	At a minimum of every 6 months, air and surface sampling results should be identified to at least the genus level. Investigation must be consistent with the deviation and must include evaluation of trends.	The second sentence is not clear. What deviation is this referring to? Is there an assumption that the sampling will result in a deviation or there will be results exceeding the action limits?
1736.9(d)	All API and excipient components used to	Most excipient components are sold by FDA-registered

	compound a CSP shall be manufactured by an FDA-registered facility, be accompanied by a Certificate of Analysis (COA), and suitable for use in sterile pharmaceuticals. A COA that includes the compendial name, the grade of the material, and the applicable compendial designations on the COA, must be received and evaluated prior to use, unless components are commercially available drug products. When the COA is received from a supplier, it must provide the name and address of the manufacturer. API and excipient components provided with a COA without this data shall not be used in a CSP.	wholesalers but are not manufactured by FDA-registered facilities. FDA registration is required of manufacturers of food, beverages, dietary supplements, cosmetics, animal and veterinary products, medical devices, drug products, tobacco products, radiation-emitting devices, and biologics. What is meant by “suitable for use in sterile pharmaceuticals?” Additionally, not all wholesalers or repackagers include the original manufacturer name or address on the COA, as they assert that is a trade secret. Trade secrets should be protected under California law.
1736.9(e)	When a bulk drug substance or API is used to compound a CSP, it shall comply with a USP drug monograph, be the active substance of an FDA approved drug, or be listed 21 CFR 216, unless authorized by a public health official in an emergency use situation for a patient-specific compounded sterile preparation.	21 CFR 216 only includes items on the Final FDA bulks list, and not anything on the interim bulks list (category 1 items). Removal of the ability to use these agents in a CSP will harm California patients who require these medications, and who cannot get them otherwise.
1736.10	The entire section references various USP chapters numbered over 1000.	From USP's General Notices: "General chapters numbered 1000 to 1999 are for informational purposes only. They contain no mandatory tests, assays, or other requirements applicable to any official article, regardless of citation in a general chapter numbered below 1000, a

		monograph, or these *General Notices."*
1736.10(e)	No compound of a CSP from nonsterile components shall be prepared when the licensed location cannot also sterilize the CSP as described in this section.	This would prevent the use of e-beam or gamma-irradiation sterilization methods, which are performed off-site at validated facilities.
1736.12(b)	A pharmacist performing or supervising sterile compounding is responsible for ensuring validation of an alternative method for sterility testing is done in compliance with USP Chapter 1223, Validation of Alternative Microbiological Methods, and shall receive and maintain documentation of the method-suitability for each CSP formulation for which the alternate method is used.	This places the burden of ensuring validation of an alternative method for sterility testing is done in compliance with USP Chapter 1223 on the pharmacist. Validation should be provided by the Analytical Laboratory performing the alternative method and maintained by the pharmacy as part of the compounding record.
1736.12(c)	A pharmacist performing or supervising sterile compounding is responsible for ensuring injectable CSPs made from nonsterile components, regardless of Category, are tested to ensure that they do not contain excessive bacterial endotoxins, as established in USP Chapter 85, Bacterial Endotoxins. Results must be reviewed and documented in the compounding records prior to furnishing.	For Category 2 CSPs that are not sterility tested, it is impractical and would hinder patient care to wait for endotoxin testing to release the CSP. In addition, CSPs that use nonsterile starting components and are not sterility tested only have a 4-day BUD. Typical endotoxin testing would not be available before the end of the BUD.
1736.13(a)(2)	The solution utilized, if applicable.	Clarify what this means.
1736.14(a)(1)	The chemical and physical stability data of the active pharmaceutical ingredients(s)	Components such as pH adjusters should be excluded from impacting the BUD of the formulation. These are typically

	and any added substances in the preparation.	made fresh, used, and disposed of. If the pharmacy were to document a 1-day BUD for the pH adjuster, then this language as written would cause the final preparation to have a 1-day BUD. Recommend aligning with USP's approach to exclude pH adjusters from the determination of the BUD.
1736.14(a)(2)		Refer to 1735.10(b)(2) above
1736.14(c)	Prior to furnishing a CSP, the pharmacist performing or supervising sterile compounding is responsible for ensuring that sterility and endotoxin testing for the BUD determination is performed and has received and reviewed the results. Results must be within acceptable USP limits. Test results must be retained as part of the compounding record.	Sterility testing can take more than 2 weeks for results to be reported., and patients may need access to the compounded preparations before testing results are available. Restricting formulations to release after testing creates a situation where patients could be denied a medication if testing cannot be performed fast enough to prevent suffering or patient harm.
1736.17(g)	There shall be written procedures for qualification of storage, shipping containers and transportation of temperature sensitive CSPs to preserve quality standards for integrity, quality, and labeled strength.	The statement "validated processes" is unclear and undefined. What does the Board consider to be a validated process? Temperature mapping, thermal mapping, or must standardized tests be used (International Safe Transit Association standards 3A, 20, 7D and 7E or the ASTM International Standard D3103)?
1736.18(c)	In addition to subsection (b), all complaints made to the facility related to a potential quality problem with a CSP and all adverse events shall be reviewed by the pharmacist-in-charge within 72 hours of receipt of the complaint or occurrence. Such review shall	Adverse events are expected as a potential occurrence with the use of a drug and may not represent a quality related problem with the compounded medication. As written, the board will have to hear about every adverse effect related to a CNSP, whether or not it is related to the quality of the

	be documented and dated as defined in the SOPs.	CNSP. This type of reporting may drown out the reports that the board needs to be aware of for a CNSP that has a quality problem. Suggest that this be changed to have the reporting occur when the adverse drug event is related to a quality problem and is not an adverse event that is generally expected to occur with the use of the drug. Pharmacies should investigate potential quality problems. It will take longer than 72 hours conduct those investigations, as well. The board will be notified of occurrences prior to them being fully investigated.
1736.21(a)	Any allergenic extract compounding shall take place in a dedicated PEC. No other CSP may be made in this PEC.	Compounding of allergenic extracts per USP may be done in a PEC or a dedicated Allergenic Extracts Compounding Area. The PEC is not required to be used only for allergenic extracts. This requirement is onerous and will restrict access of this vital medication therapy.
1736.21(b)	Compounding of allergenic extracts are limited to patient-specific prescriptions and the conditions limited to Category 1 and Category 2 CSPs as specified in USP Chapter 797.	Allergenic extracts are in a category of their own, and USP allows up to a one-year BUD after preparation without sterility testing. If pharmacies have to treat them as a category 1 or 2 CSP, the short BUDs will prevent patient access. Additionally, this is more onerous than FDA's approach to compounding these preparations, as discussed in their Biologics guidance document.
1736.6(a)(b)	The SOPs of a premises where HDs are handled shall address environmental wipe sampling for HD surface residue, its frequency, areas of testing,	There are no standards for contamination action levels for HD drugs. Wipe sampling is recommended in USP 800 but not

	levels of measurable contamination, and actions when those levels are exceeded.	required, as there is no consensus on what to do with the results.
1737.7 (d)	PPE shall be removed to avoid transferring contamination to skin, the environment, and other surfaces. PPE worn during compounding shall be disposed of in the proper waste container before leaving the C-SEC. SOPs shall detail the donning and doffing of PPE and where it takes place in the C-SEC	As written, this assumes that there is only a positive pressure anteroom which would require the PPE to be removed in the C-SEC. Some facilities have a negative pressure anteroom where the PPE could be removed so that it does not have to be removed in the negative pressure buffer room. These facilities with a negative pressure anteroom also have a positive pressure gowning room.
1737.9 (b)	Personnel responsible for handling HDs who fail any aspect of training in handling HDs shall not handle HDs until after successfully passing reevaluations in the deficient area(s), as detailed in the facility's SOPs.	As noted in other areas of compounding, failing one area of training may not mean that a person should be removed from handling of HDs entirely. The supervising pharmacist needs discretion to determine if the area failed should cause complete removal of the individual.
1737.13(a)	A disposable preparation mat shall be placed on the work surface of the C-PEC when compounding HD preparations. Where the compounding is a sterile preparation, the preparation mat shall be sterile. The preparation mat shall be changed immediately if a spill occurs, after each HD drug, and at the end of daily compounding activity.	Change "the mat must be sterile" to "the mat must be cleaned with germicidal cleaner and then sanitized with sterile 70% IPA prior to use."
1737.14(b)	When furnishing an antineoplastic HD, a sufficient supply of gloves that meet the ASTM D-6978 standard to allow for appropriate	Who bears liability if the patient refuses to pay for the gloves? Who bears liability if the patient does not use the gloves that shall be made available for purchase?

	administration, handling, and disposal of HD drugs by the patient or the patient's agent shall be provided.	