National Home Infusion Association

Providing solutions for the home and specialty infusion therapy community

December 5, 2017

Michael Bullek, BSP, RPh
Administrator/Chief of Compliance
State of New Hampshire
Office of Professional Licensure and Certification
Division of Health Professions
Board of Pharmacy
121 South Fruit Street, Suite 401
Concord, NH 03301-2412

Dear Mr. Bullek:

The National Home Infusion Association (NHIA) is a trade association representing 503A home infusion pharmacies that provide sterile intravenous (IV) medications and services to patients who can be treated at home. NHIA appreciates the efforts of the New Hampshire Board of Pharmacy to ensure patients receive compounded sterile products (CSPs) that are safe and free of contamination through the application of United States Pharmacopeial standards. NHIA is devoted to supporting home infusion providers and the patients they serve by ensuring patients have access to critical IV treatments supplied by qualified, accredited pharmacy providers. NHIA applauds the New Hampshire Board of Pharmacy's recognition and enforcement of the USP Chapter <797> standard for sterile compounding, and NHIA agrees this is the best and highest standard for 503A pharmacies which provide compounded IV medications.

NHIA has recently been contacted by several members of the association about the correspondence issued by your office on November 17, 2017, prohibiting the compounding of Remicade and similar agents, outside of ISO 5 conditions. NHIA believes this rule is being issued as a result of a mis-interpretation of USP standards and asks the Board to reconsider their position on this matter.

The basis of our request is as follows:

1) **USP <797> does not apply to the administration of medications.** Nothing in USP Chapter <797> is intended to interfere with, or prohibit timely access to infused or injected medications prepared in accordance with the FDA approved product labeling. Rather, administration of medications falls under the purview of the Centers for Disease Control and

Prevention, Safe Injection Practices (https://www.cdc.gov/injectionsafety/cdcsrole.html). Preparation steps performed for the purpose of administering a medication are not within the scope of Chapter <797>. USP recognizes that federal law, as defined by Title 21 of the U.S. Code §321(k) and (m), defines compounding in a manner that does not include "*mixing, reconstituting, or similar acts that are performed in accordance with the directions contained in approved labeling provided by the product's manufacturer and other directions consistent with that labeling.*" NHIA believes USP has reiterated this interpretation of the scope of Chapter <797> as evidenced by the inclusion of wording in the draft revision published on September 25, 2015, that states:

> *"Reconstituting or diluting a conventionally manufactured sterile product with no intervening steps strictly in accordance with the manufacturer's labeling for administration to an individual patient is not considered compounding. However, aseptic technique must be followed during preparation, and procedures must be in place to minimize the potential for contact with nonsterile surfaces and introduction of particulate matter or biological fluids. Any other reconstitution or dilution of a conventionally manufactured sterile product is considered compounding and must be performed in accordance with this chapter."*

While this language is not yet final, NHIA believes that USP is making a concerted effort to align with the federal law regarding the scope of Chapter <797> to ensure patients can access medications that require aseptic preparation as part of the administration process.

2) **NHIA believes this mis-interpretation of USP standards will result in denying patients access to critical medications.** The ability to aseptically prepare a medication dose for administration is fundamental to providing direct patient care. NHIA agrees that when possible, compounding under ISO 5 conditions according to USP <797> is a best practice, but not required in all circumstances. The Food and Drug Administration (FDA) and USP clearly allow for compounding outside of an ISO 5 environment when the steps are performed according to the product labeling in the course of administration, or in an emergency situation. Patients that infuse drugs and biologics at home, may not have access to a USP-compliant hospital, infusion clinic or physician office to receive treatment. The ability to prepare drugs and biologics with short stability outside of ISO 5 conditions as part of the administration process is essential for maintaining patient access to critical treatments and is the current standard of care. Likewise, not all clinic and office settings are required to have USP compliant facilities if they do not store

compounded products for future use and only prepare the product prior to administration. Additionally, insurance providers have structured home infusion and specialty pharmacy benefit plans to promote the home as a preferred site of care based on positive benefits such as missing fewer days of work, a strong track record of safety, and cost effectiveness. Home administration of biologics has been accomplished safely for over 30 years. Please see NHIA's *Position Statement on the Home Administration of Infused Biologics* which describes providers experiences with biologic infusions such as Remicade.

NHIA also feels it is important to note that this ruling will apply to a wide range of drugs and biologics with short stability that require reconstitution and dilution just prior to administration. Physicians, and home infusion and specialty pharmacies routinely provide immune globulins, enzymes, monoclonal antibodies, antibiotics and anti-rejection medications that require some element of preparation in conjunction with administration. NHIA would be happy to provide a full listing of the medications and disease states that would be impacted by this decision, thereby forcing patients and physicians to locate alternative sites of care or identify alternate treatments if this rule is enacted.

3) **Storage time is a key factor in determining risk for compounded sterile products.** The safety of compounded sterile preparations is of the utmost concern to NHIA. NHIA strongly encourages members to comply with USP Chapter <797> where applicable. However, NHIA also understands that the risks associated with compounding sterile products are multifaceted and must be weighed against creating reasonable access to patient care. The amount of time that elapses between when a compound is made and when it is used is of critical importance in evaluating risk for harm to patients. Compounds that are used immediately after preparation pose less risk than compounds that are stored. Likewise, the longer a compound is stored, the more likely it is to cause harm if contaminated. Other factors include the nature of the product itself and its predisposition to microbial growth, the conditions under which the CSP is made, the complexity of the process and whether or not the starting ingredients are sterile. The current revision of USP <797> transitions away from low, medium and high risk designations, and references to specific numbers of starting ingredients and manipulations, and move to a risk-based stratification using storage time as one of the primary factors for CSP categorization. NHIA is concerned that this direction by the New Hampshire Board of Pharmacy is relying on standards that are currently being updated and revised to meet the needs of a rapidly evolving healthcare environment where access to biologic therapies in the home is becoming widespread. As an example, a recent report by Rand assessing the U.S. healthcare system's

preparedness for treating Alzheimer's patients with biologics points to home infusion as one of the options for ensuring access to new therapies. (https://www.rand.org/pubs/research_reports/RR2272.html).

NHIA respectfully requests that the New Hampshire Board of Pharmacy reconsider the decision outlined in the November 17, 2017, letter that conflicts with the accepted practice for preparing medications for administration as allowed by federal law and USP. At a minimum, the Board of Pharmacy should delay enforcement of this action until after the next revision of USP <797> is published and establishes a new standard that may better reflect current practice regarding the preparation of drugs and biologics as part of the administration process. NHIA also encourages the New Hampshire Board of Pharmacy to reach out to experts in sterile compounding, representatives from USP, CDC and the FDA for additional input on this matter.

Respectfully,

Connie Sullivan

Connie Sullivan, BSPharm

Vice President of Research and Innovation

National Home Infusion Association

connie.sullivan@nhia.org

Enclosure: *Home Administration of Infused Biologics*

cc Governor Christopher Sununu

References:

1. Pharmaceutical Compounding-Sterile Products (USP Chapter <797>). In: United States Pharmacopoeia, 27th rev./national formulary, 22nd ed. Rockville, MD: United States Pharmacopoeial Convention;2008.4:3121-3138.

2. USP. Chapter <797> Pharmaceutical Compounding – Sterile Preparations, Revision Correspondence Number—C163428, September 25, 2015.