



**VIRTUAL/TELECONFERENCE
PHARMACY RULES COMMITTEE
of the
PHARMACY EXAMINING BOARD
Virtual, 4822 Madison Yards Way, Madison, WI
Contact: Brad Wojciechowski (608) 266-2112
June 15, 2023**

*Notice: The following agenda describes the issues that the Committee plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. A **quorum of the Board may be present during any committee meetings.***

AGENDA

9:00 A.M.

OPEN SESSION – CALL TO ORDER

- A. Approval of Agenda (1)**
- B. Administrative Rule Matters – Discussion and Consideration**
 - 1) Phar 15, Relating to Compounding Pharmaceuticals **(2-14)**
 - 2) Pending or Possible Rulemaking Projects
- C. Public Comments**

ADJOURNMENT

NEXT MEETING: AUGUST 31, 2023

MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held virtually unless otherwise indicated. In-person meetings are typically conducted at 4822 Madison Yards Way, Madison, Wisconsin, unless an alternative location is listed on the meeting notice. In order to confirm a meeting or to request a complete copy of the board's agenda, please visit the Department website at <https://dsps.wi.gov>. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer, or reach the Meeting Staff by calling 608-267-7213.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Nilajah Hardin Administrative Rules Coordinator		2) Date when request submitted: 05/30/23 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Pharmacy Examining Board Rules Committee			
4) Meeting Date: 06/15/23	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rule Matters – Discussion and Consideration 1. Phar 15, relating to Compounding Pharmaceuticals 2. Pending or Possible Rulemaking Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Attachments: 1. Phar 15 Draft Text of Rule 2. Phar 15 Scope Statement 3. Wisc. Admin Code Chapter Phar 15 Copies of current Board Rule Projects Can be Viewed Here: https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx			
11) Authorization			
 Signature of person making this request		05/30/23 Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Section 1. Chapter Phar 15 is repealed and recreated to read:

Chapter Phar 15

COMPOUNDING PHARMACEUTICALS

Phar 15.01 Non-Sterile Preparations. United States Pharmacopeia–National Formulary (USP-NF) general chapter 795, effective on November 1, 2023, is incorporated by reference into this chapter.

Phar 15. 02 Sterile Preparations. USP-NF general chapter 797, effective on November 1, 2023, is incorporated by reference into this chapter.

Phar 15. 03 Safe Handling of Hazardous Drugs. USP-NF general chapter 800, effective on July 1, 2020, is incorporated by reference into this chapter.

Phar 15. 04 Radiopharmaceuticals. USP-NF general chapter 825, effective on December 1, 2020, is incorporated by reference into this chapter.

Note: Copies of the above standards are on file in the office of the department and the legislative reference bureau. A copy of the USP-NF can be purchased from the United States Pharmacopeial Convention at <https://usp.org>.

STATEMENT OF SCOPE

PHARMACY EXAMINING BOARD

Rule No.: Phar 15

Relating to: Compounding Pharmaceuticals

Rule Type: Permanent

1. Finding/nature of emergency (Emergency Rule only): N/A

2. Detailed description of the objective of the proposed rule:

The objective of the rule is to update Wisconsin Administrative Code Chapter Phar 15 to incorporate by reference United States Pharmacopeia (USP) General Chapters 795 and 797 that are effective on November 1, 2023. The Board will also be incorporating USP General Chapter 800 that has been available since December 1, 2019, as well as USP General Chapter 825, which has been available since December 1, 2020.

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

The Pharmacy Examining Board recently completed a revision to Phar 15 which became effective on August 1, 2022. The new updated USP standards for General Chapters 795 and 797 were recently released and will be effective in late 2023. Both USP General Chapters 800 and 825 also become effective on November 1, 2023. The Board would like to update Phar 15 to align with the current standards as soon as possible.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

15.08 (5) (b) The Board shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.

450.02 (3) (e) The board may promulgate rules establishing minimum standards for the practice of pharmacy.

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

120 hours

6. List with description of all entities that may be affected by the proposed rule:

Pharmacies, including pharmacies located within hospitals, and pharmacists.

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

The states are primarily responsible for the oversight of compounding in pharmacies. Pursuant to the Drug Quality and Security Act, the federal government is responsible for outsourcing facilities, which by definition are not pharmacies, and are subject to current good manufacturing practice requirements, and labeling requirements. Outsourcing facilities may also distribute compounded drugs in response to an order that is not patient specific.

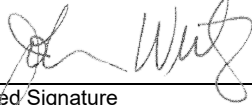
The Food, Drug and Cosmetic Act requires drugs to be prepared, packed or held under sanitary conditions.

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

Moderate economic impact. It may have an economic impact on small businesses.

Contact Person: Nilajah Hardin, (608) 267-7139, DSPSAdminRules@wisconsin.gov

Approved for publication:



Authorized Signature

12/15/2022

Date Submitted

Approved for implementation:



Authorized Signature

2/13/2023

Date Submitted

Chapter Phar 15

COMPOUNDING PHARMACEUTICALS

Phar 15.01 Intent.
Phar 15.015 Definitions.

Subchapter I — General

Phar 15.10 Facilities.
Phar 15.11 Equipment and Drug Preparation Containers.
Phar 15.12 Records of compounding.
Phar 15.13 Quality control.
Phar 15.14 Training, Policies, and Procedures.
Phar 15.15 Labeling.
Phar 15.16 Component Selection.
Phar 15.17 Non-patient specific compounding.

Subchapter II — Non-sterile Compounding

Phar 15.20 Component Selection.

Phar 15.21 Assigning BUD.

Subchapter III — Sterile Compounding

Phar 15.30 Definitions.
Phar 15.31 Facility design and environmental controls.
Phar 15.32 Personnel hygiene, garbing and protective gear.
Phar 15.33 Cleaning and Disinfecting the Compounding Area and Supplies.
Phar 15.34 Immediate-use compounded sterile preparations.
Phar 15.35 Sterilization methods.
Phar 15.36 Inspection, sterility testing and antimicrobial effectiveness.
Phar 15.37 Beyond use dating.
Phar 15.38 Training and evaluation.

Note: Chapter Phar 15 is shown as repealed and recreated by CR 16-085, effective November 1, 2018, Register April 2018 No. 748.

Phar 15.01 Intent. The intent of this chapter is to create a state regulatory standard that aligns with compounding standards found in the United States Pharmacopeia (USP) general chapters lower than the number 1000.

History: CR 16-085; cr. Register April 2018 No. 748 eff. 11-1-18.

Phar 15.015 Definitions. In this chapter:

(1) “Active pharmaceutical ingredient” or “API” means any substance or mixture of substances intended to be used in the compounding of a drug preparation and that, when used in the compounding of a drug preparation, becomes an active ingredient in the preparation intended to furnish pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans and animals or affecting the structure and function of the body.

(2) “Added substances” means ingredients that are necessary to compound a drug preparation that are not intended or expected to cause a pharmacologic response if administered alone in the amount or concentration contained in a single dose of the compounded preparation.

(3) “Adverse drug event” means an injury resulting from the use of a drug.

(4) “Beyond use date” or “BUD” means one of the following:

(a) The date after which a non-sterile compounded preparation shall not be used.

(b) The date and time after which a sterile compounded preparation shall not be used.

(5) “Certificate of analysis” means a report from the supplier of a component, container, or closure that accompanies the component, container, or closure and contains the specifications and results of all analyses and a description.

(6) “Chemical stability” means each active pharmaceutical ingredient retains its chemical integrity and labeled potency, within specified limits.

(7) “Classified area” means a space that maintains an air cleanliness classification based on the International Organization for Standardization (ISO).

(8) “Component” means any active pharmaceutical ingredient, or added substances used in the compounding of a drug preparation.

(9) “Compounding” means the preparation, mixing, assembling, altering, packaging, and labeling of a drug, drug delivery device, or a device in accordance with a prescription, or medication order. Compounding does not include repackaging. Compounding includes any of the following:

(a) Preparation of drug dosage forms for both human and animal patients.

(b) Preparation of drugs or devices in anticipation of prescription drug orders based on routine, regularly observed prescribing patterns.

(c) Reconstitution or manipulation of commercial products that may require the addition of one or more ingredients. Notwithstanding this paragraph, the reconstituting, mixing, or storage and beyond use dating that is performed for non-sterile preparations in accordance with the directions contained in approved labeling provided by the manufacturer is not compounding.

(d) Preparation of drugs or devices for the purposes of, or as an incident to, research, teaching, or chemical analysis.

(10) “Container-closure system” means the sum of packaging components that together contain and protect a dosage form, including primary packaging components and secondary packaging components.

(11) “Controlled room temperature” means a temperature maintained thermostatically that encompasses the usual and customary working environment of 68 degrees to 77 degrees Fahrenheit or 20 degrees to 25 degrees Celsius.

(12) “FDA” means the United States food and drug administration.

(13) “Freezer” means a place in which the temperature is maintained between -13 degrees and 14 degrees Fahrenheit or -25 degrees and -10 degrees Celsius.

(14) “Microbiological stability” means sterility or resistance to microbial growth is retained according to specified requirements and antimicrobial agents that are present retain effectiveness within specified limits.

(15) “NF” means the National Formulary.

(16) “Physical stability” means the original physical properties, including appearance, palatability, uniformity, dissolution, and suspendability, are retained.

(17) “Refrigerator” means a cold place in which the temperature is maintained between 36 degrees and 46 degrees Fahrenheit or 2 degrees and 8 degrees Celsius.

(18) “Stability” means the extent to which a compounded preparation retains, within specified limits and through its beyond use date, the same properties and characteristics that it possessed at the time of compounding.

(19) “Therapeutic stability” means the therapeutic effect remains unchanged.

(20) “Toxicological stability” means no significant increase in toxicity occurs.

Phar 15.015

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(21) “USP” means the United States Pharmacopeia.

History: CR 16–085: cr. Register April 2018 No. 748 eff. 11–1–18; CR 22–007: am. (11), (13), (17) Register July 2022 No. 799, eff. 8–1–22.

Subchapter I — General

Phar 15.10 Facilities. A pharmacist engaged in compounding shall ensure all of the following:

- (1) An area designated for compounding.
- (2) Orderly placement of compounding equipment, materials, and components in order to minimize the potential for compounding errors.
- (3) The compounding area is maintained in a clean and sanitary condition.
- (4) The compounding area is easily accessible to all of the following:
 - (a) Hot and cold running water, exclusive of the bathroom sink.
 - (b) Soap or detergent.
 - (c) Single-use towels.
- (5) All compounding equipment, materials, and components shall be stored off the floor and in a manner to prevent contamination and permit inspection and cleaning of the compounding and storage areas.

History: CR 16–085: cr. Register April 2018 No. 748 eff. 11–1–18.

Phar 15.11 Equipment and Drug Preparation Containers. (1) A pharmacy shall possess equipment and drug preparation containers or packaging appropriate to the type of compounding performed at the pharmacy.

(2) Equipment and drug preparation containers or packaging used in compounding shall be of appropriate design and capacity, and shall be suitably stored in a manner to facilitate use, cleaning, maintenance, and protect it from contamination.

(3) Equipment and drug preparation containers or packaging used in compounding drug products shall be of suitable composition and may not be reactive, additive, adsorptive, or absorptive so as to alter the stability of the compounded preparation.

(4) Equipment used in compounding shall be thoroughly cleaned and sanitized after each use, and when necessary, prior to use, according to written policies and procedures, in order to reduce bioburden and reduce the opportunity for cross-contamination.

(5) All equipment utilized in compounding preparations shall be inspected, maintained, calibrated, and validated at appropriate intervals, consistent with manufacturer’s recommendations, to ensure the accuracy and reliability of equipment performance. Records shall be kept indicating the equipment was inspected, maintained, calibrated, and validated.

History: CR 16–085: cr. Register April 2018 No. 748 eff. 11–1–18.

Phar 15.12 Records of compounding. The managing pharmacist shall ensure written or electronic compounding documentation to systematically trace, evaluate, and replicate the compounding steps throughout the process of a preparation. The compounding documentation shall be maintained for a period of 5 years after the date of the last refill. The compounding documentation shall include all of the following:

- (1) Official or assigned name, strength, and dosage form of the preparation.
- (2) List of all APIs and added substances and their quantities.
- (3) Vendor or manufacturer, lot number and expiration date of each APIs and added substances.
- (4) Equipment and supplies needed to prepare the preparation.
- (5) Mixing instructions pertinent to the replication of the preparation as compounded.
- (6) Compatibility and stability information, including references or laboratory testing.

(7) Container or container–closure system used in dispensing.

(8) Packaging and storage requirements.

(9) Quality control procedures.

(10) Sterilization method when using non–sterile ingredients to make a sterile preparation.

(11) Total quantity compounded.

(12) Name of the person who prepared the preparation.

(13) Name of the person who performed the quality control procedures.

(14) Name of the person who approved the preparation.

(15) Date of preparation.

(16) Assigned control or prescription number.

(17) Assigned BUD.

(18) Copy of the label to dispense final product.

(19) Documentation of any adverse reactions or preparation problems reported by the patient or caregiver.

History: CR 16–085: cr. Register April 2018 No. 748 eff. 11–1–18.

Phar 15.13 Quality control. (1) One or more pharmacists shall complete a verification of all the following before dispensing:

(a) Written procedures were followed in the compounding process.

(b) Preparation instructions were followed.

(c) Finished preparation appears as expected.

(d) Label includes all required elements.

(e) Quality control procedures were completed.

(f) Compounding records are complete.

(2) A pharmacist shall investigate any discrepancies found during any of verifications and take appropriate corrective action before dispensing.

History: CR 16–085: cr. Register April 2018 No. 748 eff. 11–1–18.

Phar 15.14 Training, Policies, and Procedures.

(1) **TRAINING.** All personnel involved in the compounding, evaluation, packaging, and dispensing of compounded preparations shall be properly trained and competency is assessed for the type of compounding conducted. It is the responsibility of the managing pharmacist to ensure personnel training and competency assessments are completed and documented.

(2) **POLICIES AND PROCEDURES.** The pharmacy and managing pharmacist shall establish written policies and procedures governing all of the following:

(a) Personnel qualifications and training, responsibilities, and competencies.

(b) Personal hygiene, garb, garbing, and personal protective gear.

(c) Use and maintenance of compounding facilities and equipment, including applicable certifications.

(d) Environmental monitoring.

(e) Cleaning and disinfection of compounding area.

(f) Component selection.

(g) Sterilization and depyrogenation, if pharmacy does sterilization and depyrogenation.

(h) Documentation requirements.

(i) Establishing BUD.

(j) Reporting of adverse drug events.

(k) A risk management program, including documentation of incidents, adverse drug reactions and product contamination.

(L) A quality assurance program.

(m) Maintaining the integrity of any classified work areas.

(n) Handling small and large spills of antineoplastic agents and other hazardous substances.

(o) Notification to patients or practitioners of a preparation which is recalled when there is potential for patient harm.

(3) REVIEW OF POLICIES AND PROCEDURES. The policy and procedures shall be reviewed at least once every 36 months and shall be updated, on a continuous basis, to reflect current practice. Documentation of the review shall be made available to the board upon request.

History: CR 16-085; cr. Register April 2018 No. 748 eff. 11-1-18; correction in (2) (o) made under s. 35.17, Stats., Register April 2018 No. 748.

Phar 15.15 Labeling. The label of a compounded preparation shall include all of the following:

- (1) Labeling requirements in s. Phar 7.02 and 8.08.
- (2) Storage conditions if other than controlled room temperature.
- (3) BUD.
- (4) Special handling instructions, when applicable.
- (5) Indication that the preparation is compounded unless administered by health care personnel.

History: CR 16-085; cr. Register April 2018 No. 748 eff. 11-1-18.

Phar 15.16 Component Selection. (1) Active pharmaceutical ingredients or added substances used in compounding shall be manufactured by an FDA registered facility or accompanied by a certificate of analysis.

(2) APIs and added substances shall meet USP or NF monograph specifications when monographs are available. A pharmacist shall use professional judgement in selection of APIs if USP or NF grade is not available.

(3) All components shall be stored and handled consistent with the manufacturer's labeling or USP or NF monographs and in a manner that prevents contamination and deterioration.

(4) A pharmacist compounding for human use may not use components that have been withdrawn or removed from the market for safety or efficacy reasons by the FDA. A pharmacist compounding for food producing animal use may not use components prohibited for use in food producing animals.

History: CR 16-085; cr. Register April 2018 No. 748 eff. 11-1-18.

Phar 15.17 Non-patient specific compounding. Compounded preparations dispensed or distributed to a practitioner pursuant to a non-patient specific order to be administered by a practitioner or practitioner's agent shall meet all of the following:

(1) The order shall include the name and address of the practitioner, drug, strength, quantity, and the purpose of the compounded preparation.

(2) The label shall include the practitioner's name in place of the patient's name and state "For Practitioner Administration Only — Not for Dispensing or Distribution." If the sterility or integrity of the compounded preparation is not maintained after the initial opening of the container, the label shall state "Single-Dose Only."

(3) The pharmacist shall record the name and address of the location the compounded preparation was dispensed or distributed, and the lot number and BUD of all preparations dispensed or distributed to the practitioner.

History: CR 16-085; cr. Register April 2018 No. 748 eff. 11-1-18.

Subchapter II — Non-sterile Compounding

Phar 15.20 Component Selection. (1) Components with an expiration date from the manufacturer or distributor may be used before the expiration date provided all of the following:

(a) The component is stored in its original container under conditions to avoid decomposition.

(b) There is minimal exposure of the remaining component each time component is withdrawn from the container.

(2) Components without an expiration date assigned by the manufacturer or supplier shall be labeled with the date of receipt and assigned a conservative expiration date, not to exceed three years after receipt, based upon the nature of the component and its degradation mechanism, the container in which it is packaged and the storage conditions.

(3) Components transferred to another container which shall provide integrity that is minimally equivalent to the original container and shall be identified with all of the following:

- (a) Component name.
- (b) Original supplier.
- (c) Lot or control number.
- (d) Transfer date.
- (e) Expiration date.

History: CR 16-085; cr. Register April 2018 No. 748 eff. 11-1-18.

Phar 15.21 Assigning BUD. (1) The BUD shall not be later than the expiration date on the container of any component.

(2) Only in the absence of stability information that is applicable to a specific drug product and preparation, the maximum BUD for a non-sterile compounded drug preparation that is packaged in a tight, light-resistant container is as follows:

(a) For nonaqueous formulations stored at controlled room temperature, the BUD shall not be later than the time remaining until the earliest expiration date of any active pharmaceutical ingredient or 6 months, whichever is earlier.

(b) For water-containing oral formulations, the BUD shall not be later than 14 days when stored in a refrigerator.

(c) For water-containing semisolid mucosal liquid, topical, or dermal formulations, stored at controlled room temperature, the BUD shall not be later than 30 days.

(3) Assignment of BUD shall include an assessment of the need for antimicrobial agents or storage in a refrigerator to protect against bacteria, yeast, and mold contamination introduced during or after the compounding process.

History: CR 16-085; cr. Register April 2018 No. 748 eff. 11-1-18.

Subchapter III — Sterile Compounding

Phar 15.30 Definitions. In this subchapter:

(1) "Ante area" means an ISO Class 8 or better area where personnel hand hygiene and garbing procedures, staging of components, order entry, labeling and other high particulate generating activities are performed. The ante-area is the transition area between the unclassified area of the facility and the buffer area.

(2) "Buffer area" means an ISO Class 7 or ISO Class 8 if using an isolator or cleaner area where the primary engineering control that generates and maintains an ISO Class 5 environment is physically located.

(3) "Category 1" means a compounded sterile preparation compounded with a primary engineering control in a segregated compounding area.

(4) "Category 2" means a compounded sterile preparation compounded with a primary engineering control in a classified area.

(5) "Clean" means to physically remove debris, dirt, dust, and other impurities from surfaces or objects using a cleaning agent with a detergent.

(6) "Compounded sterile preparation" means a compounded final preparation intended to be sterile through the BUD.

(7) "Compounded stock solution" means a compounded solution to be used in the preparation of multiple units of a finished compounded sterile preparation.

(8) "Critical site" means a location that includes any component or fluid pathway surfaces or openings that are exposed and at risk of direct contact with air, moisture, or touch contamination.

(9) "Disinfect" means the killing of microorganisms when used according to the disinfectant's label.

Phar 15.30

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(10) “HEPA” means high-efficiency particulate air.

(10m) “High-risk level compounded sterile preparations” means preparations compounded from non-sterile ingredients or from ingredients that are incorporated using non-sterile equipment before terminal sterilization, or from commercially manufactured sterile products that lack effective antimicrobial preservatives and whose preparation, transfer, sterilization, and packaging is performed in air quality worse than ISO class 5 for more than one hour. High-risk level compounded sterile preparations include water containing preparations that are stored for more than six hours before terminal sterilization.

(11) “ISO Class 5” means conditions in which the air particle count is no greater than a total of 3,520 particles of 0.5 micrometers and larger per cubic meter of air that is supplied by HEPA or HEPA-filtered air.

(12) “ISO Class 7” means conditions in which the air particle count is no greater than a total of 352,000 particles of 0.5 micrometers and larger per cubic meter of air that is supplied by HEPA or HEPA-filtered air.

(13) “ISO Class 8” means conditions in which the air particle count is no greater than a total of 3,520,000 particles of 0.5 micrometers and larger per cubic meter of air that is supplied by HEPA or HEPA-filtered air.

(14) “Isolator” means an enclosure that provides HEPA-filtered ISO Class 5 unidirectional air operated at a continuously higher pressure than its surrounding environment and is decontaminated using an automated system. An isolator uses only decontaminated interfaces or rapid transfer ports for materials transfer.

(14g) “Low-risk level compounded sterile preparations” means preparations compounded with aseptic manipulations entirely within ISO class 5 or better air quality using only sterile ingredients, products, components, and devices. The low-risk level sterile compounding process involves only transfer, measuring, and mixing, using no more than three commercially manufactured sterile products, and not more than two entries into one sterile container or package to make the compounded sterile preparations.

(14r) “Medium-risk level compounded sterile preparations” means preparations compounded under low-risk level conditions but which require multiple individual or small doses of sterile products to be combined or pooled to prepare compounded sterile preparations that will be administered either to multiple patients or to one patient on multiple occasions. The medium-risk level sterile compounding process includes complex aseptic manipulations other than single volume transfer, and requires an unusually long duration, such as that required to complete dissolution or homogeneous mixing.

(15) “Primary engineering control” means a device or zone that provides an ISO Class 5 environment for sterile compounding.

(16) “Restricted access barrier system (RABS)” means an enclosure that provides HEPA-filtered ISO Class 5 unidirectional air that allows for the ingress or egress of materials through defined openings that have been designed and validated to preclude the transfer of contamination, and that generally are not to be opened during operations. RABS include compounding aseptic isolators and compounding aseptic containment isolators.

(17) “Sterility assurance level of 10⁻⁶” means an equivalent to a probability that one unit in a million is nonsterile.

(18) “Segregated compounding area” means a designated, unclassified space, area, or room that contains a primary engineering control.

(19) “Urgent use compounded sterile preparation” means a preparation needed urgently for a single patient and preparation of the compounded sterile preparation under Category 1 or Category

2 requirements would subject the patient to additional risk due to delays.

History: CR 16-085: cr. Register April 2018 No. 748 eff. 11-1-18; CR 22-007: cr. (10m), (14g), (14r) Register July 2022 No. 799, eff. 8-1-22.

Phar 15.31 Facility design and environmental controls. (1) GENERAL. Facilities shall meet all of the following requirements:

(a) Be physically designed and environmentally controlled to minimize airborne contamination from contacting critical sites.

(b) Be accessible only to designated personnel.

(c) Have a heating, ventilation, and air conditioning system controlling the temperature and humidity.

(2) SEGREGATED COMPOUNDING AREA. A segregated compounding area shall meet all of the following requirements:

(a) Be located in an area away from unsealed windows and doors that connect to the outdoors, or significant traffic flow.

(b) Be located in an area which is not adjacent to construction sites, warehouses, and food preparation areas.

(c) Have a defined perimeter.

(d) Locate the primary engineering control at least one meter from any sink.

(3) CLASSIFIED AREA. A classified area shall meet all of the following:

(a) The surfaces of ceilings, walls, floors, fixtures, shelving, counters, and cabinets shall be smooth, impervious, free from cracks and crevices, and nonshedding.

(b) Work surfaces shall be constructed of smooth, impervious materials. All work surfaces shall be resistant to damage from cleaning and sanitizing agents.

(c) Junctures where ceilings meet walls shall be covered, caulked, or sealed to avoid cracks and crevices in which microorganisms and other contaminants can accumulate. All areas in ceilings and walls where the surface has been penetrated shall be sealed.

(d) Ceilings that consist of inlaid panels shall be impregnated with a polymer to render them impervious and hydrophobic and shall either be caulked or weighted and clipped.

(e) Walls shall be constructed of a durable material, panels locked together and sealed or of epoxy-coated gypsum board.

(f) Floors shall have a covering that shall be seamless or have heat-welded seams and coving to the sidewall. There shall be no floor drains.

(h) Ceiling lighting fixtures shall have exterior lens surfaces which are smooth, mounted flush, and sealed.

(i) Carts shall be constructed of stainless steel wire, nonporous plastic or sheet metal with cleanable casters.

(j) Tacky mats may not be used in a classified area.

(k) HEPA filters and unidirectional airflow shall be used to maintain the appropriate airborne particulate classification.

(L) The classified area shall measure not less than 30 air changes per hour of which at least half shall be HEPA-filtered fresh air.

(m) For classified areas physically separated through the use of walls, doors, and pass-throughs, a minimum differential positive pressure of 0.02-inch water column is required to separate each classified area. If a pass-through is used, only one door shall be opened at a time. A pressure gauge or velocity meter shall be used to monitor the pressure differential or airflow between classified areas with results documented at least daily.

(mm) For classified areas not physically separated, no sterile compounded preparation may be compounded using any ingredient that was at any time non-sterile in a classified area not physically separated and all of the following shall be met:

1. The buffer and ante areas shall be designated with a line of demarcation.

2. The principle of displacement airflow shall be used with an air velocity of 40 feet per minute or more from the buffer area across the entire plane of the line of demarcation.

(n) Devices and objects essential to compounding shall be located at an appropriate distance from the primary engineering control.

(p) The ante area shall meet all of the following requirements:

1. Be capable of maintaining an ISO Class 8 air or higher.
2. Have a sink with running hot and cold running water.

(q) The buffer area shall meet all of the following requirements:

1. Be capable of maintaining an ISO Class 7 air or better.
2. Only contain any of the following:
 - a. Items, including furniture, equipment, and supplies, that are required for the tasks to be performed in the buffer area.
 - b. Items that are smooth, impervious, free from cracks and crevices, nonshedding, and easily cleaned and disinfected.
 - c. Items that have been cleaned and disinfected immediately prior to their being placed in the buffer area.
3. Does not contain any sinks.
4. Does not contain any course cardboard, external shipping containers, and nonessential paper.

(4) **PRIMARY ENGINEERING CONTROL.** The primary engineering control shall be certified by an independent, qualified individual certified by the Controlled Environment Testing Association's National Board of Testing or another Board approved entity prior to initial use and then every six months. It shall also be certified when any of the following occurs:

- (a) Redesign of the facility.
- (b) Replacement of the primary engineering control.
- (c) Relocation of the primary engineering control.

History: CR 16-085; cr. Register April 2018 No. 748 eff. 11-1-18.

Phar 15.32 Personnel hygiene, garbing and protective gear. (1) Personnel suffering from rashes, sunburn, oozing tattoos or sores, conjunctivitis, active respiratory infection, or other active communicable disease shall be excluded from working in compounding areas until the condition is resolved.

(2) All personnel who engage in compounding sterile preparations shall comply with all of the following requirements before entering the compounding area:

- (a) Remove personal outer garments, all cosmetics, exposed jewelry and piercings, headphones, ear buds, and cell phones.
- (b) Abstain from eating, chewing gum or drinking in the compounding area or bringing food, gum, or drink into the compounding area.
- (c) Artificial nails, nail extenders or nail polish may not be worn while working in the compounding area. Nails shall be neat and trim.
- (d) Don personnel protective equipment and perform hand hygiene in the following order:
 1. Low-lint, disposable shoe covers.
 2. Low-lint, disposable covers for head and facial hair that cover the ears and forehead and face masks.
 3. Eye shields, if required due to working with irritants or hazardous drugs.
 4. Wash hands and forearms up to the elbows with unscented soap and water for at least 30 seconds. Hands and forearms to the elbows shall be completely dried using either lint-free disposable towels or wipes.
 5. Don low lint disposable gown or overalls.
 6. Prior to donning sterile gloves, hand antisepsis shall be performed using an alcohol-based hand rub with sustained antimicrobial activity following the manufacturers labeled instructions and application times.

(3) Gloves on hands and gauntlet sleeves on RABS shall be routinely inspected for holes, punctures, or tears and shall be replaced immediately if any are detected. Sterile gloves shall be donned over the RABS gloves.

(4) Disinfection of contaminated gloved hands shall be accomplished by wiping or rubbing sterile 70% isopropyl alcohol on all contact surface areas of the gloves and letting the gloved hands dry thoroughly. Routine application of sterile 70% isopropyl alcohol shall occur throughout the compounding process and whenever non-sterile surfaces, including vials, counter tops, chairs, and carts, are touched.

(5) When compounding personnel exit the buffer or segregated compounding area, a gown may be removed and retained in the ante area or segregated compounding area if not visibly soiled, to be worn again during the same work shift. Coveralls, shoe covers, hair and facial hair covers, face masks, eye shields, and gloves shall be replaced with new ones before re-entering the compounding area.

(6) Garbing items, including gowns, shall be segregated and stored before use in an enclosure to prevent contamination.

(7) Visibly soiled gowns shall be changed immediately.

(8) Gloves shall be sterile and powder free and tested by the manufacturer for compatibility with alcohol disinfection.

History: CR 16-085; cr. Register April 2018 No. 748 eff. 11-1-18.

Phar 15.33 Cleaning and Disinfecting the Compounding Area and Supplies. (1) Compounding personnel are responsible determining the cleaning and disinfecting products to be used and for ensuring that the frequency of cleaning and disinfecting compounding area is done.

(2) Compounding personnel shall clean in accordance with the following:

(a) Primary engineering control work surfaces, counters, floors and work surfaces in the buffer zone area, ante room and segregated compounding areas daily.

(b) Walls, ceilings and storage shelving monthly.

(c) When a spill occurs or the surface is visibly soiled.

(d) Sporicidal agents shall be used at least weekly to clean compounding areas.

(3) Compounding personnel shall disinfect in accordance with the following:

(a) Primary engineering control work surfaces at the beginning and end of each compounding business day and before each batch, but not longer than 4 hours following the previous disinfection when ongoing compounding activities are occurring.

(b) When microbial contamination is known to have been or is suspected of having been introduced into the compounding area.

(4) All cleaning and disinfecting practices and policies for the compounding area shall be included in written standard operating procedures and shall be followed by all compounding and environmental services personnel.

(5) Cleaning, detergents and disinfection agents shall be selected and used with consideration of compatibilities, effectiveness, and inappropriate or toxic residues. The selection and use of disinfectants shall be guided by microbicidal activities, inactivation by organic matter, residue, and shelf life. Disinfectants shall have antifungal, antibacterial and antiviral activity. Sporicidal agents shall be used at least weekly to clean compounding areas.

(6) Storage sites for compounding ingredients and supplies shall remain free from dust and debris.

(7) Floors, walls, ceiling, and shelving in the classified and segregated compounding areas are cleaned when no aseptic operations are in progress. Cleaning shall be performed in the direction from cleanest to dirtiest areas.

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(8) All cleaning tools and materials shall be low-lint and dedicated for use in the buffer room, ante room and segregated compounding areas. If cleaning tools and materials are reused, procedures shall be developed based on manufacturer recommendations that ensure that the effectiveness of the cleaning device is maintained and that repeated use does not add to the bioburden of the area being cleaned.

(9) Supplies and equipment removed from shipping cartons shall be wiped with a suitable disinfecting agent delivered from a spray bottle or other suitable delivery method. After the disinfectant is wiped on a surface to be disinfected, the disinfectant shall be allowed to dry, during which time the item shall not be used for compounding purposes.

(10) Entry points on bags and vials shall be wiped with small sterile 70% isopropyl alcohol swabs or comparable method for disinfecting, allowing the isopropyl alcohol to dry before piercing stoppers with sterile needles and breaking necks of ampules. The surface of the sterile 70% isopropyl alcohol swabs used for disinfecting entry points of sterile package and devices may not contact any other object before contacting the surface of the entry point. Particle generating material may not be used to disinfect the sterile entry points of packages and devices.

(11) When sterile supplies are received in sealed pouches designed to keep them sterile until opening, the sterile supplies may be removed from the covering pouches as the supplies are introduced into the ISO Class 5 primary engineering control without the need to disinfect the individual sterile supply items.

History: CR 16-085; cr. Register April 2018 No. 748 eff. 11-1-18; CR 22-007; am. (10) Register July 2022 No. 799, eff. 8-1-22.

Phar 15.34 Immediate-use compounded sterile preparations. Immediate-use compounded sterile preparations are exempt from the requirements described for low-risk level, Category 1, and Category 2 compounding sterile preparations only when all the following criteria are met:

(1) The compounding process involves simple transfer of not more than three commercially manufactured sterile nonhazardous products or diagnostic radiopharmaceutical products from the manufacturers' original containers and not more than two entries into any one container or product of sterile infusion solution or administration container or device.

(2) Unless required for the preparation, the compounding procedure is a continuous process not to exceed 1 hour.

(3) During preparation, aseptic technique is followed and, if not immediately administered, the finished compound sterile preparation is under continuous supervision to minimize the potential for contact with nonsterile surfaces, introduction of particulate matter or biological fluids, mix-ups with other compound sterile preparations, and direct contact of outside surfaces.

(4) Administration begins not later than 4 hours following the start of the preparation.

(5) Unless immediately and completely administered by the person who prepared it or immediate and complete administration is witnessed by the preparer, the compounded sterile preparation shall bear a label listing patient identification information, the names and amounts of all ingredients, the name or initials of the person who prepared it, and the exact 4-hour BUD and time.

(6) If administration of the compounded sterile preparation has not begun within 4 hours following the start of preparation, it shall be promptly, properly, and safely discarded.

History: CR 16-085; cr. Register April 2018 No. 748 eff. 11-1-18; CR 22-007; r. and recr. Register July 2022 No. 799, eff. 8-1-22.

Phar 15.35 Sterilization methods. (1) Sterilization methods employed shall sterilize while maintaining its physical and chemical stability and the packaging integrity of the compounding sterile preparations. The efficacy of sterilization and depyrogenation of container closure systems performed in the pharmacy shall be established, documented, and reproducible.

(2) Pre-sterilization requirements shall meet all of the following:

(a) During all compounding activities that precede terminal sterilization, including weighing and mixing, compounding personnel shall be garbed and gloved in the same manner as when performing compounding in an ISO Class 5 environment. All pre-sterilization procedures shall be completed in an ISO Class 8 or better environment.

(b) Immediately before use, all nonsterile measuring, mixing, and purifying devices used in the compounding process shall be thoroughly rinsed with sterile, pyrogen-free water and then thoroughly drained or dried.

(3) Sterilization shall be performed utilizing one of the following methods:

(a) *Sterilization by filtration.* Sterilization by filtration involves the passage of a fluid or solution through a sterilizing grade membrane to produce a sterile effluent. Filtration may not be used when compounding a suspension when the suspended particles are removed by the filter being used. This method shall meet all of the following:

1. Sterile filters used to sterile filter preparations shall meet all of the following requirements:

a. Be pyrogen-free and have a nominal pore size of 0.22 microns.

b. Be certified by the manufacturer to retain at least 10⁷ microorganisms of a strain of *Brevundimonas diminuta* per square centimeter of upstream filter surface area under conditions similar to those in which the compounded sterile preparations will be filtered.

c. Be chemically and physically stable at the compounding pressure and temperature conditions.

d. Have sufficient capacity to filter the required volumes.

e. Yield a sterile filtrate while maintaining pre-filtration pharmaceutical quality, including strength of ingredients of the specific compounded sterile preparations.

2. The filter dimensions and liquid material to be sterile filtered shall permit the sterilization process to be completed rapidly without the replacement of the filter during the filtering process.

3. When compounded sterile preparations are known to contain excessive particulate matter, one of the following shall occur:

a. A pre-filtration step using a filter of larger nominal pore size.

b. A separate filter of larger nominal pore size placed upstream of the sterilizing filter to remove gross particulate contaminants before the compounding sterile compound is passed through the sterilizing grade filter.

4. Sterilization by filtration shall be performed entirely within an ISO Class 5 or better air quality environment.

5. Filter units used to sterilize compounded sterile preparations shall be subjected to the manufacturers' recommended post-use integrity test.

(b) *Sterilization by steam heat.* The process of thermal sterilization using saturated steam under pressure shall be the method for terminal sterilization of aqueous preparations in their final, sealed container closure system. The effectiveness of steam sterilization shall be established and verified with each sterilization run or load by using biological indicators, physicochemical indicators and integrators. This method shall meet all of the following:

1. All materials shall be directly exposed to steam under adequate pressure for the length of time necessary, as determined by use of appropriate biological indicators, to render the items sterile. The duration of the exposure period shall include sufficient time for the compounded sterile preparation to reach the sterilizing temperature.

2. The compounded sterile preparation and other items shall remain at the sterilizing temperature for the duration of the steril-

ization period. The sterilization cycle shall be designed to achieve a sterility assurance level of 10^{-6} .

3. Compounded sterile preparations shall be placed in trays which allow steam to reach the compounded sterile preparations without entrapment of air. Paper, glass, and metal devices or items shall be wrapped in low lint protective fabric, paper, or sealed in envelopes that will permit steam penetration and prevent post sterilization microbial contamination.

4. Immediately before filling ampules and vials, solutions shall be passed through a filter having a nominal pore size of not larger than 1.2 microns for removal of particulate matter.

5. Sealed containers shall be able to generate steam internally. Stopped and crimped empty vials shall contain a small amount of moisture to generate steam. Deep containers, including beakers and graduated cylinders, shall be placed on their sides to prevent air entrapment or have a small amount of water placed in them.

6. Porous materials and items with occluded pathways shall only be sterilized by steam if the autoclave chamber has cycles for dry goods.

7. The steam supplied shall be free of contaminants and generated using clean water.

8. The seals on the doors of autoclave chambers shall be examined visually every day they are used for cracks or damage and the seal surfaces shall be kept clean.

9. A data recorder or chart shall be used to monitor each cycle and the data shall be reviewed to identify cycle irregularities in temperature or exposure time.

10. Materials in direct contact with the compounded sterile preparation shall undergo a depyrogenation process before being sterilized using steam heat unless the materials used are certified to be pyrogen-free.

(c) *Sterilization by dry heat.* Dry heat sterilization shall be used only for those materials that cannot be sterilized by steam or filtration. The effectiveness of dry heat sterilization shall be verified using appropriate biological indicators and temperature sensing devices. This method shall meet all of the following:

1. The duration of the exposure period shall include sufficient time for the compounding sterile preparation or items to reach the sterilizing temperature. The compounded sterile preparation and items shall remain at the sterilizing temperature for the duration of the sterilization period.

2. Heated air shall be evenly distributed throughout the chamber.

3. Sufficient space shall be left between materials to allow for good circulation of the hot air.

4. The oven shall be equipped with temperature controls and a timer.

5. A data recorder or chart shall be used to monitor each cycle and the data shall be reviewed to identify cycle irregularities in temperature or exposure time.

6. Materials shall first undergo a depyrogenation process before being sterilized using dry heat, unless the materials used are certified to be pyrogen-free.

(4) Dry heat depyrogenation shall be used to render glassware and other thermostable containers pyrogen free. The duration of the exposure period shall include sufficient time for the items to reach the depyrogenation temperature. The items shall remain at the depyrogenation temperature for the duration of the depyrogenation period. The effectiveness of the dry heat depyrogenation cycle shall be established and verified annually using endotoxin challenge vials to demonstrate that the cycle is capable of achieving at least a 3-log reduction in endotoxins.

History: CR 16-085; cr. Register April 2018 No. 748 eff. 11-1-18.

Phar 15.36 Inspection, sterility testing and antimicrobial effectiveness. (1) **PHYSICAL INSPECTION.** (a) At the

completion of compounding, the compounded sterile preparation shall be inspected by performing all of the following:

1. Visually inspect the container closure for leakage, cracks in the container, or improper seals.

2. Visually check the compounded sterile preparation for phase separation.

3. Each individual injectable unit shall be inspected against a lighted white background and a black background for evidence of visible particulates or other foreign matter or discoloration.

(b) For compounded sterile preparations which will not be dispensed promptly after preparation, an inspection shall be conducted immediately before it is dispensed for any defects, including precipitation, cloudiness, or leakage, which may develop during storage.

(c) Compounded sterile preparations with any observed defects shall be immediately discarded or marked and segregated from acceptable units in a manner that prevents them from being dispensed.

(2) **STERILITY TESTING.** (a) The membrane filtration method shall be used for sterility testing unless it is not possible due to the compounded sterile preparation formulation. The direct inoculation of the culture method shall be used when the membrane filtration method is not possible.

(b) If a preparation may be needed before the results of sterility testing have been received, the pharmacy shall daily observe the incubating test specimens and immediately recall the dispensed preparations when there is any evidence of microbial growth in the test specimens. The patient and the prescriber to whom a potentially contaminated compounded sterile preparation was administered shall be notified immediately of the potential risk.

(c) Positive sterility test results shall prompt a rapid and systematic investigation into the causes of the sterility failure, including identification of the contaminating organism and any aspects of the facility, process or personnel that may have contributed to the sterility failure. The investigation and resulting corrective actions shall be documented.

(d) All Category 2 compounded sterile preparations made from one or more nonsterile ingredients, except those for inhalation and ophthalmic administration, shall be tested to ensure that they do not contain excessive bacterial endotoxins.

(e) Notwithstanding par. (d), a compounded sterile preparation does not need to be tested for bacterial endotoxins if the material is stored under cool and dry conditions and one of the following:

1. The certificate of analysis for the nonsterile ingredient lists the endotoxins burden, and that burden is found acceptable.

2. The pharmacy has predetermined the endotoxins burden of the nonsterile ingredient and that burden is found acceptable.

(3) **ANTIMICROBIAL EFFECTIVENESS.** Compounded sterile preparations containing a preservative added by the compounder shall pass an antimicrobial effectiveness testing with the results obtained on the specific formulation before any of the compounded sterile preparation is dispensed. The test may be conducted only once on each formulation in the particular container-closure system in which it will be stored or dispensed. The antimicrobial effectiveness test shall occur at one of the following times:

(a) At the completion of the sterility test.

(b) At the time of preparation for compounded sterile preparations which have not undergone a sterility testing.

History: CR 16-085; cr. Register April 2018 No. 748 eff. 11-1-18.

Phar 15.37 Beyond use dating. (1) Sterility and stability considerations shall be taken into account when establishing a BUD. Either Category 1 and 2, or low, medium, and high-risk compounding preparation standards may be used, but not a combination of the two within the same pharmacy. The following

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dates and times for storage and initiation of administration of the compounded sterile preparations shall apply:

(a) For compounded sterile preparations including components from conventionally manufactured products, the BUD shall not exceed the shortest expiration of any of the starting components. If the compounded sterile preparation includes non-conventionally manufactured products, the BUD may not exceed the shortest BUD of any of the starting components.

(b) For Category 1 compounded sterile preparations, one of the following:

1. May not exceed 12 hours when the preparation is stored at controlled room temperature.

2. May not exceed 24 hours when the preparation is stored in a refrigerator.

(c) For aseptically processed Category 2 processed sterile preparations, one of the following:

1. No sterility testing performed or sterility testing not passed, and prepared with one or more nonsterile starting components, one of the following:

a. Within 1 day when the preparation is stored at controlled room temperature.

b. Within 4 days when the preparation is stored in a refrigerator.

c. Within 45 days when the preparation is stored in a freezer.

2. No sterility testing performed or sterility testing not passed, and prepared with only sterile starting components, one of the following:

a. Within 4 days when the preparation is stored at controlled room temperature.

b. Within 10 days when the preparation is stored in a refrigerator.

c. Within 45 days when the preparation is stored in a freezer.

3. Sterility testing performed and passed, one of the following:

a. Within 30 days when the preparation is stored at controlled room temperature.

b. Within 45 days when the preparation is stored in a refrigerator.

c. Within 60 days when the preparation is stored in a freezer.

(d) For Category 2 compounded sterile preparations, terminally sterilized by a validated procedure, one of the following:

1. No sterility testing performed or sterility testing not passed, one of the following:

a. Within 14 days when the preparation is stored at controlled room temperature.

b. Within 28 days when the preparation is stored in a refrigerator.

c. Within 45 days when the preparation is stored in a freezer.

2. Sterility testing performed and passed, one of the following:

a. Within 45 days when the preparation is stored at controlled room temperature.

b. Within 60 days when the preparation is stored in a refrigerator.

c. Within 90 days when the preparation is stored in a freezer.

(2) The BUD established in sub. (1) may not be exceeded or extended for compounded sterile preparations without verifiable supporting valid scientific sterility and stability information that is directly applicable to the specific preparation or compound.

(3) For compounded sterile preparations which have been assigned a BUD based upon storage in a freezer, the integrity of the container-closure system with the specific compounded sterile preparation in it shall have been demonstrated for 45 days at frozen storage. The container-closure integrity test may be con-

ducted only once on each formulation in the specific container closure-system in which it will be stored or dispensed.

(4) When a preservative is added, the compounded sterile formulation shall pass antimicrobial effectiveness testing that shall include inoculation of standardized microorganisms, incubation serial sampling, and calculation of the changes in colony forming unit concentrations in terms of log reduction. The results of antimicrobial effectiveness testing shall be obtained before any of the compounded sterile preparation is dispensed. Preservatives shall not be used as a substitute for good compounding practices.

(5) For low-risk level compounded sterile preparations, in the absence of passing a sterility test:

(a) Within 48 hours when the preparation is stored at controlled room temperature.

(b) Within 14 days when the preparation is stored in a refrigerator.

(c) Within 45 days when the preparation is stored in a freezer.

(d) For products prepared in an airflow workbench not located in a buffer area, administration shall begin within 12 hours or less of preparation.

(6) For medium-risk level compounded sterile preparations, in the absence of passing a sterility test:

(a) Within 30 hours when the preparation is stored at controlled room temperature.

(b) Within 9 days when the preparation is stored in a refrigerator.

(c) Within 45 days when the preparation is stored in a freezer.

(7) For high-risk level compounded sterile preparations, in the absence of passing a sterility test:

(a) Within 24 hours when the preparation is stored at controlled room temperature.

(b) Within 3 days when the preparation is stored in a refrigerator.

(c) Within 45 days when the preparation is stored in a freezer.

History: CR 16-085: cr. Register April 2018 No. 748 eff. 11-1-18; CR 22-007: am. (1) (intro.), (c) (intro.), 1. (intro.), a., b., 2. (intro.), a., b., 3., r. (1) (c) 4., 5., am. (1) (d) 1. (intro.), 2., r. (1) (d) 3., 4., cr. (5) to (7) Register July 2022 No. 799, eff. 8-1-22; correction in (6) (b), (7) (b) made under s. 35.17, Stats. July 2022 No. 799.

Phar 15.38 Training and evaluation. (1) GENERAL. The managing pharmacist, pharmacists, pharmacy technicians, pharmacy interns and pharmacy externs compounding sterile preparations shall successfully complete didactic or practical training. The didactic or practical training shall be done before any compounding personnel initially prepares compounded sterile preparations and annually thereafter and shall include all of the following:

(a) Hand hygiene and garbing.

(b) Cleaning and disinfection.

(c) Measuring and mixing.

(d) Aseptic manipulation.

(e) Cleanroom behavior.

(f) Sterilization and depyrogenation.

(g) Use of equipment.

(h) Documentation.

(i) Use of primary engineering controls.

(2) EVALUATION. Compounding personnel shall successfully complete an initial and annual evaluation which includes all of the following:

(a) Visual observation of hand hygiene and garbing.

(b) Visual observation of aseptic technique.

(c) Gloved fingertip and thumb sampling.

(d) Media-fill tests.

(3) GLOVED FINGERTIP. Successfully gloved and thumb sampling is measured by samplings resulting in zero colony-forming units no fewer than three times. Sampling shall be performed on

sterile gloves inside of an ISO Class 5 primary engineering control. Gloved fingertip and thumb sampling in a RABS or an isolator shall be taken from the sterile gloves placed over the gauntlet gloves. When gloved fingertip sample results exceed action levels defined by the pharmacy, a review of hand hygiene and garbing procedures, glove and surface disinfection procedures and work practices shall be performed and documented.

(5) RECORDS. The pharmacy shall maintain written policies and procedures for the initial and ongoing training and evaluation of persons involved in compounding sterile preparations. Documentation of all training, assessments, gloved fingertip tests and media-fill simulations shall be maintained by the pharmacy for 5 years and made available to the Board upon request.

History: CR 16-085; cr. Register April 2018 No. 748 eff. 11-1-18.