

**RULES
OF
THE TENNESSEE BOARD OF PHARMACY**

**CHAPTER 1140-07
STERILE PRODUCT PREPARATION IN PHARMACY PRACTICE**

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1140-07-.01 APPLICABILITY.

The provisions of this Chapter shall apply to all pharmacy practice sites and pharmacists, pharmacy interns, pharmacy technicians and supportive personnel involved in the compounding and dispensing of sterile products.

Authority: T.C.A. §§ 63-10-404(4), (11), (26), (28), (29), (30) and 63-10-504(b)(1),(2). **Administrative History:** Original chapter filed October 1, 1987; effective November 15, 1987. Amendment filed March 30, 1994; effective June 13, 1994. Repeal and new rule filed May 11, 1998; effective July 25, 1998.

1140-07-.02 STANDARDS.

- (1) All sterile products shall be prepared in compliance with applicable USP standards for pharmaceutical compounding.
- (2) The Board of Pharmacy, upon a showing of good cause and in the best interest of the public health, safety and welfare, may waive the requirements of any applicable portion of USP standards.
 - (a) All waiver requests submitted pursuant to this part shall be submitted in writing.
 - (b) The Board of Pharmacy may authorize the Executive Director to exercise some, or all, of its waiver authority under this part.
- (3) Noncompliance by a licensee with applicable standards and guidelines, or any other violation of the provisions of this rule shall be considered unprofessional conduct within the meaning of T.C.A. 63-10-305 and a violation of a duly promulgated rule of the Board of Pharmacy.
- (4) Any licensed pharmacy which compounds sterile products, except hospital pharmacies compounding for inpatients of a hospital, shall submit to the Board of Pharmacy, on a quarterly basis, a report listing the quantity of high risk or batch sterile products, as defined by USP standards, compounded and dispensed during the previous quarterly period and any other information as required by USP standards.
 - (a) Quarterly reports submitted pursuant to this paragraph shall be submitted by the 15th day of the month following the end of each calendar quarter.
 - (b) In any calendar year where any one of the above dates fall on a weekend or official state holiday, all quarterly reports due on that date shall be submitted on the following business day.

(Rule 1140-07-.02, continued)

- (c) The format for reports submitted pursuant to this paragraph shall be determined by the Board of Pharmacy through policy and made available to the public on the Board of Pharmacy's website.
- (5) Any licensed pharmacy which compounds and dispenses sterile products shall provide at a minimum upon request of the Board of Pharmacy the following information for any sterile drug product compounded, dispensed, traded, sold, or otherwise distributed:
- (a) Name, strength, and dosage form;
 - (b) Quantity compounded, dispensed, traded, sold, or otherwise distributed during the preceding quarterly period;
 - (c) All components and an accurate statement of the weight or measure of each component;
 - (d) The beyond-use date;
 - (e) Storage requirements;
 - (f) Labels and labeling with appropriate beyond-use date and instructions for storage and use.
- (6) Any licensed pharmacy which compounds and dispenses sterile products must ensure that the following information is on file at the practice site and readily accessible for sterile products:
- (a) Documentation of the name and strength of all drug products compounded over the past two (2) years;
 - (b) The sources and lot numbers of the components used in those drug products;
 - (c) The total number of dosage units compounded over the past two (2) years;
 - (d) The name of the person who prepared the drug product;
 - (e) The name of the pharmacist who approved the drug product;
 - (f) The name of the practitioner or the name of the patient or healthcare entity who received the compounded drug product;
 - (g) The results of any sampling, testing or other quantitative evaluation conducted for the purposes of quality control for any sterile compounded products, as defined by chapter 1140-01, compounded over the past two (2) years.
- (7) Upon request, the Board may waive selected portions of these requirements so long as any waiver granted is consistent with the Board's authority under Tenn. Code Ann. Title 63, Chapters 1 and 10, and Tenn. Code Ann. Title 4, Chapter 5.

Authority: T.C.A. §§ 63-10-204, 63-10-216, 63-10-301, 63-10-304, and 63-10-306. **Administrative History:** Original rule filed July 11, 2014; effective October 9, 2014. Amendments filed November 22, 2016; effective February 20, 2017.

1140-07-.03 PERSONNEL.

- (1) The pharmacist in charge or pharmacist designee shall be responsible for, at a minimum, the following:
 - (a) Procurement, storage, compounding, labeling, repackaging, dispensing, and distribution of all prescription drugs and devices and related materials necessary in compounding and dispensing sterile products;
 - (b) Establishment of policies and procedures for the compounding and dispensing of sterile products;
 - (c) Documentation of competency in aseptic techniques of all pharmacists, pharmacy interns and pharmacy technicians. The aseptic technique of each person compounding and dispensing sterile products shall be observed and evaluated as satisfactory during orientation and training and at least on an annual basis or whenever unacceptable techniques are observed or detected;
 - (d) Establishment of a quality assurance program;
 - (e) Reviewing and updating annually all policies and procedures; and
 - (f) Provision of sterile products on a twenty four (24) hour a day basis.
- (2) All pharmacists, pharmacy interns and pharmacy technicians as defined in 1140-2-.02 responsible for compounding or dispensing sterile products shall:
 - (a) Obtain practical and/or academic training in the compounding and dispensing of sterile products;
 - (b) Complete annual continuing education related to sterile product compounding and dispensing and utilization; and
 - (c) Maintain, in the pharmacy practice site, documentation of completion of the required training and continuing education.
 - (d) Use proper aseptic technique in all sterile product compounding as defined by the pharmacy practice site's policies and procedures.
- (3) A pharmacist shall be available to respond to patients' and other health care practitioners' information needs on a twenty four (24) hour a day basis.
- (4) The pharmacist in charge shall be assisted by such additional pharmacists, pharmacy interns, pharmacy technicians as defined by 1140-2-.02 and supportive personnel necessary to operate the pharmacy practice site competently and safely and to provide services in a timely and appropriate manner.
- (5) All pharmacists, pharmacy interns and pharmacy technicians must be qualified through an appropriate combination of specific training and experience to operate or manipulate any item of equipment, apparatus, or device to which such pharmacists, interns and technicians will be assigned to use to compound and dispense sterile products.
- (6) A written record of initial and subsequent training and competency evaluations shall be maintained in the pharmacy practice site and contain the following information:
 - (a) Name of the person receiving the training or evaluation;

(Rule 1140-07-.03, continued)

- (b) Date(s) of the training or evaluation;
 - (c) General description of the topics covered; and
 - (d) Signature of the person receiving the training or evaluation and the pharmacist in charge or pharmacist designee of the pharmacist in charge.
- (7) Upon request, the Board may waive selected portions of these requirements so long as any waiver granted is consistent with the Board's authority under Tenn. Code Ann. Title 63, Chapters 1 and 10, and Tenn. Code Ann. Title 4, Chapter 5.

Authority: T.C.A. §§ 63-10-204, 63-10-304, 63-10-404(4), (5), (8), (11), (14), (16), (26), (27), (29), and (30), and 63-10-504(b)(1),(2). **Administrative History:** Original chapter filed October 1, 1987; effective November 15, 1987. Repeal and new rule filed May 11, 1998; effective July 25, 1998. Rule was previously numbered 1140-07-.02, but was renumbered to 1140-07-.03 with the addition of a new 1140-07-.02. Rule filed July 11, 2014; effective October 9, 2014. Amendments filed November 22, 2016; effective February 20, 2017.

1140-07-.04 PHYSICAL REQUIREMENTS.

- (1) Any facility that compounds sterile products shall comply with applicable USP standards.
- (2) Upon request, the Board may waive selected portions of these requirements so long as any waiver granted is consistent with the Board's authority under Tenn. Code Ann. Title 63, Chapters 1 and 10, and Tenn. Code Ann. Title 4, Chapter 5.

Authority: T.C.A. §§ 63-10-204, 63-10-216, 63-10-301, 63-10-304, and 63-10-306. **Administrative History:** Original chapter filed October 1, 1987; effective November 15, 1987. Amendment filed March 30, 1994. Repeal and new rule filed May 11, 1998; effective July 25, 1998. Emergency rules filed January 31, 2014; effective through July 30, 2014. Emergency rules filed January 31, 2014 expired effective July 31, 2014. The rules reverted to their previous status. Rule was previously numbered 1140-07-.03, but was renumbered to 1140-07-.04 with the addition of a new 1140-07-.02. Rule filed July 11, 2014; effective October 9, 2014. Amendments filed November 22, 2016; effective February 20, 2017.

1140-07-.05 POLICY AND PROCEDURE MANUAL.

- (1) A policy and procedure manual related to sterile product compounding shall be available for inspection at the pharmacy practice site. The manual shall include policies and procedures for sterile compounding pursuant to USP standards, and shall, at a minimum, include:
 - (a) Security;
 - (b) Equipment;
 - (c) Sanitation;
 - (d) Reference materials;
 - (e) Prescription drug and device and related material storage;
 - (f) Prescription drug and device and related material compounding and dispensing;
 - (g) Prescription drug and device and related material labeling and relabeling;
 - (h) Prescription drug and device and related material destruction and returns;

(Rule 1140-07-.05, continued)

- (i) Dispensing of sterile products;
 - (j) Record keeping;
 - (k) Quality assurance;
 - (l) Quality control;
 - (m) Duties for pharmacist(s), pharmacy intern(s), pharmacy technician(s) and supportive personnel;
 - (n) Public safety relative to harmful sterile products, including the active notification of patients if they may be affected by a product found to have a defect or an out-of-specification result including any recall policy and procedures;
 - (o) Attire;
 - (p) Pharmacist, pharmacy intern, and pharmacy technician training.
 - (q) Compliance with all applicable USP standards; and
 - (r) Response to adverse events, outbreaks, and other public health threats associated with products compounded, dispensed, manufactured, propagated, distributed, or otherwise processed at the facility, including procedures for the rapid compilation and dissemination of records to appropriate authorities.
- (2) Any licensed facility which engages in sterile compounding shall conduct an annual review of its policy and procedure manual, and shall update its policy and procedure manual as necessary.
- (3) Failure by any licensee or registrant to comply with its policy and procedure manual, or any part of this rule shall be considered a violation of a duly promulgated rule of the Board of Pharmacy and may be considered dishonorable, immoral, unethical or unprofessional conduct within the meaning of T.C.A. § 63-10-305(6).

Authority: T.C.A. §§ 63-10-204, 63-10-216, 63-10-301, 63-10-304, 63-10-306, 63-10-404 (4), (8), (14), (26), (29), and (30), and 63-10-504(b)(1),(2). **Administrative History:** Original rule filed October 1, 1987; effective November 15, 1987. Amendment filed November 16, 1992; effective January 8, 1993. Amendment filed March 30, 1994; effective June 13, 1994. Repeal and new rule filed May 11, 1998; effective July 25, 1998. Emergency rules filed January 31, 2014; effective through July 30, 2014. Emergency rules filed January 31, 2014 expired effective July 31, 2014. The rules reverted to their previous status. Amendments filed July 11, 2014; effective October 9, 2014. Rule was previously numbered 1140-07-.04, but was renumbered to 1140-07-.05 with the addition of a new 1140-07-.02. Rule filed July 11, 2014; effective October 9, 2014.

1140-07-.06 LABELING.

- (1) At the time of dispensing of the sterile product, the dispensing container must bear a label which contains the following information:
- (a) Patient's name (if for outpatient use) or healthcare entity name;
 - (b) Prescriber (s) name (if for outpatient use);
 - (c) Pharmacy practice site name, address, and phone number (if for outpatient use);

(Rule 1140-07-.06, continued)

- (d) Identification of the pharmacist who compounded the sterile product;
 - (e) When applicable, identification of the pharmacy intern or pharmacy technician who assisted in the compounding of the sterile product;
 - (f) Name and amount of drug added;
 - (g) Expiration date and, when applicable, expiration time, Beyond Use Dating (BUD);
 - (h) Date of compounding;
 - (i) Appropriate auxiliary label(s); and
 - (j) Directions for use (if for outpatient), if applicable.
- (2) Original medical or prescription orders for sterile products shall comply with applicable state and federal laws and regulations.

Authority: T.C.A. §§ 63-10-204, 63-10-216, 63-10-301, 63-10-304, 63-10-306, 63-10-404 (11), (14), (19), (26), (28), (29), (30), (32), and (34), and 63-10-504(b)(1),(2). **Administrative History:** Original chapter filed October 1, 1987; effective November 15, 1987. Amendment filed March 30, 1994; effective June 13, 1994. Repeal and new rule filed May 11, 1998; effective July 25, 1998. Emergency rules filed January 31, 2014; effective through July 30, 2014. Emergency rules filed January 31, 2014 expired effective July 31, 2014. The rules reverted to their previous status. Rule was previously numbered 1140-07-.05, but was renumbered to 1140-07-.06 with the addition of a new 1140-07-.02. Rule filed July 11, 2014; effective October 9, 2014.

1140-07-.07 HAZARDOUS PRODUCTS.

- (1) Physical Requirements.
- (a) If the pharmacy practice site is engaged in the compounding of hazardous sterile products, a suitable facility to prepare such products and minimize the risk associated with such products shall be provided.
 - (b) Such pharmacy practice site shall be designed and equipped for storage and have a procedure for disposal of materials containing hazardous residues in accordance with state and federal laws.
 - (1) A dedicated Class II, Type A contained vertical flow biohazard cabinet is the minimally acceptable compounding site for the routine compounding of hazardous sterile products.
 - (2) Hazardous sterile products shall be segregated within the pharmacy practice site and storage areas so identified.
- (2) Dispensing.
- (a) Prepared doses of hazardous sterile products for patients shall be placed in an appropriate outer wrap to minimize the risk exposure in case of accidental rupture of the primary container.
 - (b) Reasonable effort shall be made to assure that all hazardous sterile product primary containers and waste are removed from the site of use and disposed of as hazardous waste in accordance with applicable state and federal laws.

(Rule 1140-07-.07, continued)

(3) Training.

- (a) As part of the training for all pharmacists, pharmacy interns and pharmacy technicians involved in compounding of hazardous sterile products, an annual certification must be made by each pharmacist, pharmacy intern and pharmacy technician and the pharmacist in charge that each has read and understands the latest editions of:
1. Work Practice Guidelines for Personnel Dealing with Cytotoxic (Antineoplastic) Drugs (Occupational); and
 2. The American Society of Health-System Pharmacists (ASHP) technical assistance bulletin on handling cytotoxic and hazardous substances.
- (4) Hazardous sterile products dispensed shall bear a distinctive warning label with an appropriate caution statement thereon.
- (5) Gloving and gowning shall be required in the compounding of hazardous sterile products. Gloves should be rinsed frequently with a sanitizing agent (e.g., seventy percent (70%) isopropyl alcohol) and shall be changed when the integrity of the gloves is compromised.
- (6) In the compounding of hazardous sterile products, a protective disposable gown made of lint-free low permeability fabric with a closed front, long sleeves and elastic or knit closed cuffs with cuffs tucked under the gloves shall be worn. Gowns and gloves used in the compounding of hazardous sterile products shall not be worn outside the sterile product compounding area.

Authority: T.C.A. §§ 63-10-404(4), (11), (26), (27), (28), (29), (30) and 63-10-504(b)(1), (2).
Administrative History: Original chapter filed October 1, 1987; effective November 15, 1987. Amendment filed March 30, 1994; effective June 13, 1994. Repeal and new rule filed May 11, 1998; effective July 25, 1998. Emergency rules filed January 31, 2014; effective through July 30, 2014. Emergency rules filed January 31, 2014 expired effective July 31, 2014. The rules reverted to their previous status. Rule was previously numbered 1140-07-.06, but was renumbered to 1140-07-.07 with the addition of a new 1140-07-.02. Rule filed July 11, 2014; effective October 9, 2014.

1140-07-.08 ATTIRE.

- (1) All pharmacists, pharmacy interns and pharmacy technicians shall wear applicable outer garments and shall use applicable respiratory precautions as set out in USP 797.

Authority: T.C.A. §§ 63-10-204, 63-10-216, 63-10-301, 63-10-304, and 63-10-306. **Administrative History:** Original chapter filed October 1, 1987; effective November 15, 1987. Amendment filed March 30, 1994. Repeal and new rule filed May 11, 1998; effective July 25, 1998. Emergency rules filed January 31, 2014; effective through July 30, 2014. Emergency rules filed January 31, 2014 expired effective July 31, 2014. The rules reverted to their previous status. Rule was previously numbered 1140-07-.07, but was renumbered to 1140-07-.08 with the addition of a new 1140-07-.02. Rule filed July 11, 2014; effective October 9, 2014.

1140-07-.09 QUALITY ASSURANCE.

- (1) There shall be a documented, ongoing quality assurance program that monitors process validation; pharmacist(s), pharmacy intern(s), and pharmacy technician(s) performance; equipment; and environment.
- (2) The program shall be designed to assure that the pharmacy practice site is capable of consistently compounding quality sterile products.

(Rule 1140-07-.09, continued)

- (3) All quality assurance programs shall follow applicable USP standards.
- (4) As part of its quality assurance program, any licensed facility which engages in sterile compounding shall perform a gap analysis pursuant to guidelines adopted by the Board of Pharmacy. Any exceptions or serious deficiencies noted in this analysis shall be reported to the Board of Pharmacy.
- (5) Failure by any licensee or registrant to comply with its quality assurance program shall be considered a violation of a duly promulgated rule of the Board of Pharmacy and may be considered dishonorable, immoral, unethical or unprofessional conduct within the meaning of T.C.A. § 63-10-305(6).

Authority: T.C.A. §§ 63-10-204, 63-10-216, 63-10-301, 63-10-304, 63-10-306, 63-10-404 (26), (28), (29), and (30), and 63-10-504(b)(1),(2). **Administrative History:** Original chapter filed March 30, 1994; effective June 13, 1994. Repeal and new rule filed May 11, 1998; effective July 25, 1998. Emergency rules filed January 31, 2014; effective through July 30, 2014. Emergency rules filed January 31, 2014 expired effective July 31, 2014. The rules reverted to their previous status. Rule was previously numbered 1140-07-.08, but was renumbered to 1140-07-.09 with the addition of a new 1140-07-.02. Rule filed July 11, 2014; effective October 9, 2014.

1140-07-.10 RESERVED.

Authority: T.C.A. §§ 63-10-204, 63-10-216, 63-10-301, 63-10-304, 63-10-306, 63-10-404(26), (28), (29), (30), and 63-10-504(b)(1),(2). **Administrative History:** Original chapter filed March 30, 1994; effective June 13, 1994. Repeal and new rule filed May 11, 1998; effective July 25, 1998. Emergency rule filed January 31, 2014; effective through July 30, 2014. Emergency rules filed January 31, 2014; effective through July 30, 2014. Emergency rules filed January 31, 2014 expired effective July 31, 2014. The rules reverted to reserved status. Rule was previously numbered 1140-07-.09, but was renumbered to 1140-07-.10 with the addition of a new 1140-07-.02. Rule filed July 11, 2014; effective October 9, 2014.