AIT: **How to Stay Current with USP** 797 and Practice Guidelines

Maureen M. Petersen, MD, FACAAI



Learning Objectives

- Understand the most recent updates to USP 797, effective from November 1, 2023, particularly the new standards for compounding allergenic extracts.
- Identify compliance requirements for compounding personnel including training and testing requirements to comply with the updated USP 797 guidelines.
- Recognize facility and documentation standards including the design and maintenance of the Allergenic Extract Compounding Area (AECA) and the Primary Engineering Control (PEC) areas.

United States Pharmacopeia (USP) Chapter 797 Overview



USP 797 published Nov 1, 2022 is the standards for preparing of compounded medication to ensure patient benefit and reduce risks such as contamination.

• Effective November 1, 2023

- Section 21: Compounding
 Allergenic Extracts
- Standards for compounding allergenic extracts and manipulating extracts when sterile transfer occurs

Why?

Effective for treatment of allergic conditions in adults and children:

Allergic rhinitis

Allergic asthma

Allergic conjunctivitis

Atopic dermatitis

Insect allergy (Hymenoptera)

- Contamination is prevented by adequate training and the use of using aseptic technique
- Use of quality assurance checks throughout the mixing process is highly recommended

Compliance Topics











Personnel Qualifications Personal Hygiene and Garbing

Facilities

Documentation



Who cares?

Allergists/Practices

- Dedication to high quality patient care & patient safety
- Eliminate errors
- Standardization
- Evidence based practice
- Meeting patient expectations

Outside Pressures

- FDA
- United StatesPharmacopeia
- CMS
- Compounding related infections
- Expansion of nonstandard practices (direct to consumer, non-allergists)

2012 Meningitis Outbreak



- Outbreak of rare CNS & other fungal infections (meningitis, paraspinal infections, joints)
- 64 deaths in 20 states- deadliest fungal meningitis outbreak in U.S. history
- >700 infected
- Aspergillus fumigatus first then predominantly Exserohilum rostratum
- CDC traced infections to 3 lots of preservative-free methylprednisolone acetate from NECC, Framingham, MA

Medication and Compounding Regulatory History

- 1906 Pure Food & Drug Act
- 1938 Food, Drug & Cosmetic Act (FDA,USP)
- 1962 Kefauver-Harris Amendment (safe/effective, IND)
- 1972 Drug Listing Act (NDC)
- 1992 First Sterile Comp. Standard-Dispensing Practices for Sterile Drug Prod. Intended for Home Use
- 1995 Sterile Drug Products for Home Use
- 1996 HIPAA
- 2003 FDA Modernization Act (labeling)

- 2004 USP 797
- 2008 USP 797 revision (allergen exemption)
- 2015 DRAFT FDA mixing guidance & USP 797 2nd revision proposal
- 2019 USP 797 2nd revision "Final" announced
- 2020 USP 797 2nd revision to 2008 allergen exemption
- 2022 USP 797 2nd revision finalized and released
- 2023 Nov 1 effective date for latest
 USP <797> revision

Behind the Scenes

- June 2016: AMA passes a resolution at the annual meeting:
- The AMA engages in efforts to convince USP to retain the current special rules for procedures in the medical office that could include but not be limited to allergen extract compounding in the medical office setting.
- October 2016: USP invites ACAAI & AAAAI leadership to engage in discussions in early 2017
- November 2016 January 2017: Steering Committee (Drs. Mike Nelson, Tom Casale, Steve Kagan, and Jim Sublett) calls with USP
- February 02, 2017: Roundtable held at USP headquarters
- 2017-2019 Allergy representation at USP 797 Expert Panel meetings

Goal of USP 797 is to Prevent Patient Harm

Provides minimum practice and quality standards for compounded sterile preparations based on current scientific information and best sterile compounding practices

- Standards for storage, packaging & preparation of compounded sterile products (CSPs)
- Adopted by many state pharmacy boards
 & The Joint Commission
- Includes considerations for both sterility and stability

Describe conditions and practices to prevent harm, including death, to patients that could result from:

- Microbial contamination (nonsterility)
- Excessive bacterial endotoxins
- Variability in the intended strength of correct ingredients that exceeds either monograph limits for official articles or 10% for nonofficial articles
- Unintended chemical and physical contaminants
- Ingredients of inappropriate quality in compounded sterile preparations

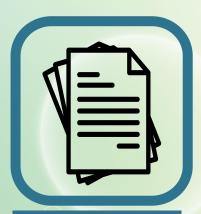












Personnel Qualifications Personal Hygiene and Garbing

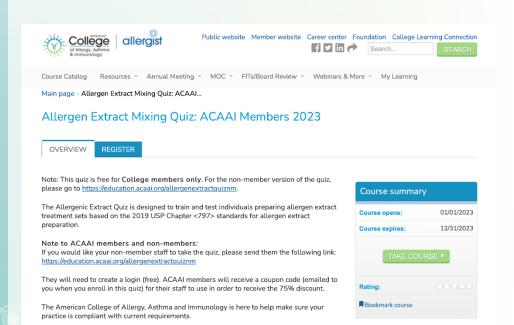
Facilities

Documentation



Extract mixing personnel must have:

- Completed training
- Completed a competency test
- Successful gloved fingertip test on three occasions then annually
- Successful media fill test once then annually



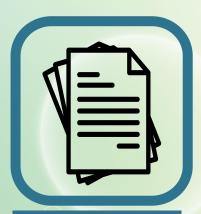
Compliance Topics











Personnel Qualifications Personal Hygiene and Garbing

Facilities

Documentation



Garbing

- Face mask
- Sterile powder-free gloves
- Low-lint garment
- Head cover
- Facial hair cover if applicable



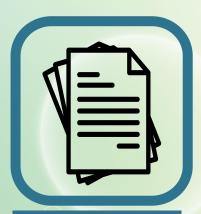
Compliance Topics











Personnel Qualifications Personal Hygiene and Garbing

Facilities

Documentation



AECA vs. PEC





AECA=allergenic extract compounding area

- Location considerations
- Visible and defined perimeter
- Surface cleaning daily and between sets
- Wall and doors cleaned monthly

PEC= ISO Class 5 Primary Engineering Control

- Location considerations
- Certification every 6 months
- All interior surfaces cleaned daily
- Horizontal surfaces cleaned between sets

Compliance Topics











Personnel Qualifications Personal Hygiene and Garbing

Facilities

Documentation



Vial documentation

Beyond Use Date (BUD)

- No later than the earliest expiration date of any extract or diluent that is part of the set
- Cannot exceed 1 year

Labeling

- Name of patient
- Type and dilution
- BUD
- Storage conditions





Compounding documentation



- SOP's
- PEC certification if applicable
- Refrigerator temperature logs
- Training records

Individual Compounding Record documentation

- Each component's name, weight or volume, and strength
- Compounded sterile preparation's name, strength, dose
- Date and time
- Prescription, order, or lot number
- Total quantity compounded
- Final yield
- BUD and storage
- Results of quality control procedures
- Each component's vendor, lot, and exp date
- Individual involved and verifier



ACAAI / AAAAI Joint Message: November 2022

"We are pleased to report that thanks to the vigorous collective advocacy of the Allergy/Immunology community, the final standards for compounding of allergen extract mirror the proposed standards released in 2019. The ACAAI and AAAAI believe these standards to be reasonable and achievable."

Immunotherapy Practice Parameter: 3rd Update (JACI 2011)

- Preparer qualifications
 - Task training, written test. media fill test
 - Antiseptic hand & surface disinfecting
 - Identify, measure, and mix ingredients
 - HCW training- RN, LPN, MA, tech, phys, APN
- Physician responsibility
 - Training & expertise in AIT
 - Ensures personnel trained, meet requirements, & use aseptic technique
 - Maintain documentation in file
 - General oversight & supervision
- Extract bacteriostasis
 - o phenol 30.25% or glycerin 320%
- Prepare IAW manufacturer instructions
- Potency & beyond-use dates
 - Manufacturer & based on best data
- Mixing extracts
 - Based partially cross-reactivity
 - Separate high protease extracts

- Storage
 - 4-8°C in designated med. refrigerator
- Route
 - SQ or ID IAW pckg insert or alt. route if accepted standards of clinical practice
- Aseptic technique
 - Designate specific site w/ low traffic
 - 70% isopropanol (no dye, glycerin, etc.)
 - Hands to wrist (soap/water or 70% isopropanol or both)
 - Sanitize ampule necks & stoppers
 - Avoid contact contaminations
 - Inspect physical integrity at completion
- Labeling
 - Name, beyond use date
- Mixing log
 - Name, extract, date, BUD, lot numbers

Standardization of Prescription

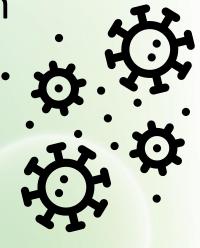
Each prescription / immunotherapy record should contain:

- Two patient identifiers (i.e., Name and Date of Birth or Medical Record Number)
- Patient contact information
- Name of prescriber
- Date of prescription
- Name, concentration, and volume for each allergen
- Name and volume of diluents
- Schedule for administration (including adjustments for interruptions and reactions)



Standardization of Allergen Inclusion

 Use relevant allergens for each patient Dose allergen extracts within minimum effective dose ranges Avoid combining extracts that may adversely affect overall potency



 Separate high protease extracts (mold, cockroach) from pollens Avoid mixing venom extracts with aeroallergen extracts Select and adjust doses of allergens using knowledge of cross-reactivity

What can you do?

Follow USP <797>
 and Practice
 Parameter
 Standards

 Mix using established principles & training

Ensure safe and aseptic vial preparation



 Eliminate errors & prioritize patient safety with quality checks Contribute to allergen extract safety studies
 -Respond to national immunotherapy safety
 survey for every practice
 -Report safety data from your own practices

 Help your Advocacy Council help you!

One Stop Supply Shop for College Members Only



Everything you need shipped in a temperature-controlled cooler that includes:

- The media fill kit(s)
- Gloved fingertip-thumb sampling plates
- Detailed instructions
- Incubation and reporting services

Receive a detailed report with the results to demonstrate your adherence with USP.

15% discount

https://college.acaai.org/resource/usp-compliant-testing-supplies/

Eastern Allergy Conference Takeaways

1. The standard is USP 797 Section 21.

 United States Pharmacopeia (USP) Chapter 797 rule is in effect as of November 1, 2023

2. USP 797 Section 21 is your blueprint for allergen extract mixing.

 Allergen extract mixing is part of USP 797 Section 21 which focuses on personnel training, facility standards, and documentation requirements.

3. Use resources to navigate USP 797 compliance.

 For example, the ACAAI has resources to assist you to get compliant including the toolkit and one day mixing courses (date: TBD).

Question Or Comment?



Dr. Maureen M. Petersen

drmaureenpetersen@gmail.com