

# HOUSE BILL REPORT

## HB 1800

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**As Passed House:**  
March 11, 2013

**Title:** An act relating to compounding of medications.

**Brief Description:** Concerning the compounding of medications for physician offices or ambulatory surgical centers or facilities to be used by a physician for ophthalmic purposes for nonspecific patients.

**Sponsors:** Representatives Cody, Morrell and Schmick.

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 2/19/13, 2/22/13 [DP].

**Floor Activity:**

Passed House: 3/11/13, 97-0.

**Brief Summary of Bill**

- Requires the Board of Pharmacy to adopt rules to authorize the compounding of ophthalmic medications for use by a physician for nonspecific patients.

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### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** Do pass. Signed by 16 members: Representatives Cody, Chair; Jinkins, Vice Chair; Schmick, Ranking Minority Member; Hope, Assistant Ranking Minority Member; Angel, Clibborn, Green, Manweller, Moeller, Morrell, Riccelli, Rodne, Ross, Short, Tharinger and Van De Wege.

**Staff:** Chris Blake (786-7392).

**Background:**

Compounding is a practice in which a pharmacist prepares a prescription by combining two or more ingredients. Compounding is authorized in specific situations and in limited quantities. The compounding of an inordinate amount of drugs, relative to the practice site in anticipation of receiving prescriptions without any historical basis, is considered

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"manufacturing." Manufacturers must obtain a license and meet additional state and federal regulatory requirements.

The Board of Pharmacy allows pharmacists to conduct compounding in limited situations. Pharmacists may compound drugs for individual patients when there is a pharmacist/patient/prescriber relationship and the patient presents a prescription. Pharmacists may also compound drug products that are commercially available for individual patients when it is in anticipation of orders based upon routine, regularly observed prescribing patterns. In addition, pharmacists may compound drugs in very limited quantities prior to receiving a prescription based upon a history of receiving prescriptions from a certain pharmacist/patient/prescriber relationship.

Pharmacists are prohibited from offering compounded drug products to others for resale, except to a practitioner to administer to an individual patient.

**Summary of Bill:**

The Board of Pharmacy must adopt rules to authorize the compounding of ophthalmic medications for use by a physician for nonspecific patients in physician offices, ambulatory surgical centers, and ambulatory surgical facilities. The rules must establish limits on the quantities that may be made available and requirements to record the dispensing of the compounded medication, including the identity of the patients and the amounts dispensed.

The term "manufacture," as it relates to legend drugs, excludes the compounding of ophthalmic medications for use by a physician for nonspecific patients in physician offices, ambulatory surgical centers, and ambulatory surgical facilities.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** The bill contains an emergency clause and takes effect immediately.

**Staff Summary of Public Testimony:**

(In support) Recent changes have limited the ability to access medications needed on an urgent basis or in post-operative situations. The law needs to balance urgent access, safety, and cost-consciousness. Injections of these medications are very safe and they are only used in situations that are vision-threatening. The cost of the noncompounded drugs and the preapproval process for medications create a burden for patients.

(With concerns) Compounding is an important part of the practice of pharmacy because it provides patient-specific products when prescribed by a health care provider; however, creating drugs for general distribution is considered manufacturing and requires careful safeguards to ensure quality. Washington has controls in place to protect residents from a tragedy like the recent New England Compounding Center (NECC) case. Washington's current laws draw clear lines between compounding and manufacturing; however, pharmacy compounding of medications without appropriate oversight could lead to a repeat of the

NECC tragedy. The Board of Pharmacy has recently opened its rules to consider revisions to its compounding standards and whether limited compounding of nonpatient specific drugs can be done safely and under what circumstances. The Board of Pharmacy should be allowed to work within the rulemaking process to see what kinds of changes can be made to accommodate current practices. This bill has a narrow exemption that does not deal with the underlying problem. The bill creates a need to have to return for additional legislative fixes, rather than taking a comprehensive approach.

(Opposed) None.

**Persons Testifying:** (In support) Aaron Weingeist, Washington Academy of Eye Physicians and Surgeons.

(With concerns) Mary Selecky, Washington State Department of Health; and Dedi Hitchens, Washington State Pharmacy Association.

**Persons Signed In To Testify But Not Testifying:** None.