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of
**PHARMACEUTICAL
COMPOUNDING**



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Letters

■ Congratulations on an exceptionally fine journal and web page.

I would like to comment on the mortar and pestle article from the March-April 1997 issue. I have a nice collection of mortars and pestles and want to comment on one of the mortar and pestles; I think it's the third one from the end of the article - the mortar has 1914-1916 printed on the side. I bought this mortar and pestle at an antique show in Portland last summer. The other side has the crest of Austria and the words *Aus grosser Zeit* - literally translated "for the big time." The story is that the mortar and pestle was given to the citizens of Austria for their donations of gold and silver to the war effort (World War I). I wrote to the Austrian National Library for additional information and they were only able to tell me the company that made it, an R. (Rudolf or Richard) Ditmar in Znaim, Austria, which

operated from the early 1900s. Unfortunately, the pestle shown in the photos is not the pestle that came with the mortar. The one in your photo is wedgwood (probably not the wedgwood brand), while the mortar is ceramic. I have the matched mortar and pestle and my pestle is, no doubt, the correct one.

I enjoyed the article very much and look forward to our subscription to your journal.
Col. Allen F. Almquist
*Director, Department of Pharmacy
Madigan Army Medical Center
Tacoma, WA*

■ Congratulations on your success with the *JPC*. It is a beautifully realized publication, and I have heard many comments on its excellence.

Ron Teeter
Senior Editor, JAPhA

■ Thank you for publishing such a fine journal. The future of compounding is looking better.

I would like to share a few thoughts with

you. A number of formulations contain aspartame as an ingredient. We who have a nutritional practice dislike that product. We would much rather use stevia or even sucrose. Many clients cannot tolerate aspartame. This last issue had a couple of formulations containing peanut oil. Many people are allergic to peanut products. Why not use a more hypoallergenic oil such as olive oil or rice bran oil? We have made many changes in our compounds since our entry into nutrition and natural pharmacy. We never use lactose as a filler. We use natural substances to color capsules. There is a whole new world out there for compounders who are more aware of the needs and wishes of clients for more natural compounds.

Don Bottoni, RPh, FIACP, FACA
Peoples Pharmacies, Austin, TX

■ I tried to access "The Diabetes Page," Vol. 1, No. 6, page 371, using the Internet addresses you supplied, using several servers, but was unable to make contact.

Could you please explain how I may contact "The Diabetes Page" using the Internet, without having a Notre Dame personal server?

Dan Spera
Via email (location unknown)

Thank you for making us aware of this problem. We, too, were disappointed to learn that this web address is no longer available. We had no way of knowing that this webpage would be removed from the Internet, but we will try to prevent this from happening again and apologize for any inconvenience this may have caused you.

■ This is the first time I have sat down to do the Continuing Education (CE) for the *Journal*. I was very favorably impressed with it. It makes us go and dig and learn instead of regurgitating what we can look on the page and see.

You might also want to consider including problems from the Calculations Section. It is amazing how many pharmacists have problems with basic math.

Bill Wills, RPh, FAICP
*Owner, Grandpa's Compounding
Pharmacy, Placerville, CA*

Thank you for your kind letter concerning the Journal. We are trying to approach CE from a little different angle. The CE questions may come from the entire journal and we are trying to continually incorporate more problem-solving questions rather than the straight-answer type. We will be working on this even more in future issues and hope you continue to enjoy it.
The Editor

Take A Closer Look At NDC Pharmacy Systems

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PreScript

Some pharmacists are involved in compounding sterile ophthalmic solutions for intracameral, intravitreal and retinal drug delivery. Ophthalmic compounding ranges from the relatively simple to the highly complex; some products are diluted, some are fortified and some are formulated from raw materials. Many currently used therapies, such as periocular and intraocular solutions, are not commercially available or are not approved by the Food and Drug Administration; consequently, these products must be individually prepared. Periocular injections are those injected below the conjunctiva or Tenon's capsule, given to either prolong administration or to increase penetration of the drug into the eye. The intraocular injections are used to treat serious infections and inflammatory conditions.

Guidelines for ophthalmic compounding are published in the *U.S. Pharmacopeia* and as an American Society of Health-Systems Pharmacists *Technical Assistance Bulletin on Pharmacy-Prepared Ophthalmic Products*. Ophthalmic preparations should be prepared by qualified, aseptic compounding pharmacists using certified laminar airflow hoods in a clean room and, if applicable, a certified biohazard hood.

A number of compounding pharmacists specialize in the preparation of sterile ophthalmic injectables, irrigating solutions and ophthalmic topicals. An organization of compounding ophthalmic pharmacists, the Pharmacists in Ophthalmic Practice, was founded by Clement A. Weisbecker, long-time director of pharmacy at Wills Eye Hospital, Philadelphia, PA.

These pharmacists routinely formulate topical solutions, irrigation solutions, subconjunctival injections and intravitreal injections. The organization has published a formulary entitled, *Extemporaneous Ophthalmic Preparations*, a very good resource

for compounding ophthalmic preparations.

Thinking about ophthalmics, one sometimes wonders why:

- The eye is constantly exposed to dust, but we make our solutions particulate free.
- The eye is constantly exposed to airborne bacteria, fungi and molds; but we make our solutions sterile.
- The eye is exposed to hypotonic water during swimming, bathing and showering; but we make our solutions isotonic.
- The eye works to remove any foreign material it encounters, but we formulate our ophthalmic products to remain in the eye as long as possible.
- The eye is somewhat isolated for its function, but medications administered can produce a systemic effect throughout the body.

Ophthalmic compounding requires the utmost in accuracy and precision, as a patient's eyesight is at stake. It must be done only by pharmacists who are willing, who are trained in this highly technical and critical type of formulation and who have invested in the proper equipment.

In this issue, Henry Edelheiser, PhD, a leader in the formulation of ophthalmic solutions for ophthalmic surgery, and a coworker, Nicole Anderson, MD, have prepared an in-depth discussion of the development of ophthalmic solutions used in cataract surgery, based on many years of work with their research team, surgeons and pharmacists. In addition to 15 ophthalmic formulations, this issue contains a brief history of a successful corporation, founded by two compounding pharmacists; special articles by some compounding pharmacists; and several technique-oriented articles on preparing ophthalmic prescriptions.

Continuing the series on the use of statistics in evaluating pharmacy literature, Nancy Buderer discusses the Student's t-test and



one-way analysis of variance. The featured excipient is the widely used and often misunderstood edetic acid and its salts, a family of chelating agents widely used as excipients that also has therapeutic applications. Also discussed are potential new delivery systems for ophthalmic drugs in the future, some of which may be compounded by pharmacists. We would be well advised to keep our eyes on these new up-and-coming opportunities.

Loyd V. Allen, Jr.

Loyd V. Allen, Jr.
PhD, RPh, FACA, FAPhA

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Federal

HCFA Proposes to Remove Requirement for Pharmacists

The Health Care Financing Administration (HCFA) has proposed changes to the conditions of participation for hospitals that participate in Medicare and Medicaid. The proposed changes would eliminate the requirement for "pharmacists" to develop, supervise and coordinate the pharmacy services of the hospital. Instead, HCFA proposes "...that before medications are administered, a licensed nurse, or a physician...review the patient's information and the drug order." In the proposal HCFA says that the nurse could report any potential errors to the physician. These revisions were published in the December 19, 1997, *Federal Register* and can be found in full on the Government Printing Office's website at www.gpo.gov. Comments on the proposed changes were due the middle of April, after which time HCFA will prepare a response.

FDA Calls for Chemicals for Compounding

Section 127 of the Food and Drug Administration (FDA) Modernization Act of 1997 requires the FDA to list bulk drug substances that may be used in pharmacy compounding. The agency has posted a notice on its webpage (www.fda.gov) for "interested groups and individuals" to "begin considering" chemicals for inclusion on this list. The posting promises to print a more detailed notice in an upcoming *Federal Register* that will list requirements for inclusion of chemicals.

Calendar

■ American College for Advancement in Medicine, 1998 Spring Conference
 Ft. Lauderdale, FL
 April 30 - May 3, 1998
 800-532-3688

■ Canadian Pharmacists Association
 86th Annual Conference
 St. John's, Newfoundland, Canada
 May 24-26, 1998
 800-917-9489

■ Natural Pharmacy West
 Marriott's Rancho Las Palmas Resort
 Rancho Mirage, CA
 May 29-31, 1998
 1-800-5-BIOCON

■ National Community Pharmacist's Association Rx Expo/NHIA/ACA
 Midyear Meeting
 Pittsburgh, PA
 May 6-9, 1998
 800-544-7447

■ American Society of Health-System Pharmacists Annual Convention
 Baltimore, MD
 May 30 - June 4, 1998
 301-657-4383

■ International Academy of Compounding Pharmacists*
 Compounders On Capitol Hill
 Washington Court Hotel
 Washington, D.C.
 June 17-18, 1998
 800-927-4227

■ World Congress of Pharmacy & Pharmaceutical Sciences/ International Pharmaceutical Students Federation Annual Congress
 Cairo, Egypt
 August 16-26, 1998
www.pharmweb/pharmweb/fip.html

■ American Society of Health-System Pharmacists Home Care '98
 Chicago, IL
 August 22-24, 1998
 301-657-4383

■ 1998 American College of Apothecaries Annual Conference
 Four Seasons Hotel
 Toronto, Ontario, Canada
 August 26-30, 1998
 800-828-5933

■ National Community Pharmacist's Association Annual Convention
 St. Louis, MO

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