- Number of particles: For radiolabeled particulates, the number of particles per unit radioactivity increases over time as the radionuclide decays. For example, the BUD for Tc-99m albumin aggregated [macroaggregated albumin (MAA)] must take into account the increasing ratio over time of the number of particles per unit radioactivity. For example, if an MAA kit is prepared such that the radioactive patient dose is 200,000 particles at the time of calibration, the same patient dose will contain 700,000 particles at 10.85 hours after calibration. Calculation of the number of MAA particles in the patient dose is necessary to ensure compliance with the prescribed particle range throughout the assigned BUD.
- Specific activity: For some receptor-based radiopharmaceuticals, the mass quantity may influence uptake (i.e., too much mass may result in saturation of receptor sites and reduce target uptake of the radiopharmaceutical). As radioactivity decays over time, specific activity decreases resulting in more mass per unit radioactivity. In such situations, the assigned BUD must ensure that the patient dose contains no more than the specified maximum mass.
- Container type: Because radiochemical stability or other quality attributes of a radiopharmaceutical may be affected by its container characteristics, the BUD for a radiopharmaceutical dose dispensed in a plastic syringe may be different than the BUD of that same radiopharmaceutical maintained in a glass vial. The assigned BUD must be determined in the proper storage container.
- Cell viability: The viability of radiolabeled blood cells (e.g., leukocytes) decreases over time, and may also be affected by other factors such as the suspending medium, temperature, and agitation. The assigned BUD should be as short as circumstances reasonably allow so as to maximize cell viability.
- In the case of manufactured radiopharmaceuticals that are distributed to nuclear pharmacies or other healthcare facilities for terminal distribution/dispensing, the assigned BUD of the dispensed dose cannot exceed the expiration date/time of the manufactured radiopharmaceutical(s).
- In the case of radiopharmaceuticals prepared from kits, the BUD of a dispensed dose cannot exceed the assigned BUD of the finished kit preparation.
- A radiopharmaceutical may not exceed the shortest BUD of any of its components.

The facility must have policies and SOPs appropriate to the assignment of BUD and maintain documentation of applicable study results and calculations. Studies of radiolabeling efficiency and radiochemical stability should employ quality control (QC) testing methods described in the manufacturer's package insert, *USP* monographs and general chapters, or other equivalent testing methods and be sufficiently rigorous to allow statistical confidence in the results.

The facility must have SOPs to collect and evaluate complaints associated with the use of radiopharmaceuticals having assigned BUDs. Policies and SOPs should also be in place to reevaluate the assigned BUD based on complaints, which may include repeating studies and/or performing additional studies on radiolabeling efficiency and/or radiochemical stability.

9. DOCUMENTATION

Applicable records (hard-copy or electronic), including policies and SOPs, must be maintained for all activities involved in repackaging, preparing, preparing with minor deviations, compounding, and dispensing radiopharmaceuticals. Such records include, but are not limited to:

- Personnel training and testing, including visual assessment of aseptic technique competency, validation, garbing, hand hygiene, equipment/environment cleaning and disinfecting, gloved fingertip and thumb sampling, and media fill evaluation initially and follow up testing at specified intervals.
- Testing and monitoring of environmental controls, including ISO classification, ACPH, pressure differentials, temperature, humidity and viable air/surface and total airborne particle test results
- Equipment maintenance and cleaning/disinfecting

- End product radiochemical purity and other testing, as applicable, results of preparations, preparations with minor deviations, and compounded preparations
- Master Formulation Record (MFR) for preparation with minor deviation(s) and compounding
- Validation of stability testing to support the assigned BUD from SOPs by the compounder or derived from accepted literature
- Investigations and corrective actions and tracking of events to closure.

9.1 Master Formulation Record

A MFR is required only for a preparation with minor deviations or compounding, as described in *11. Compounding*. A MFR is not required for a preparation following the manufacturer's instructions.

Data that must be included in the MFR are as follows:

- Name of the radiopharmaceutical
- Name, identity, strength, purity, quality, and quantity of ingredients with validated documentation (e.g., CoA)
- Detailed procedure (e.g., heating, components, incubation time)
- Range of radioactivity
- Range of volume
- Equipment to be used
- PEC and SEC to be used, if applicable
- Quality control tests to be performed for final release of the radiopharmaceutical (e.g., radiochemical purity, pH)
- Procedures for depyrogenation and sterility procedures and validations, as applicable, including limits
- Trained personnel
- Garbing procedure, if different than standard procedure
- Container(s)
- Reference source of the BUD assignment and storage conditions

9.2 Records for Preparation with Minor Deviations/Compounding

A record for preparation with minor deviation or compounding must include the following:

- Name of the radiopharmaceutical
- Physical form (e.g., capsule or solution)
- Name and quantity of ingredients including calibration time for radioactive ingredients (e.g., 100 mCi Tc 99m sodium pertechnetate @ 1300)
- Total volume
- Reference to the MFR
- Any deviation from the MFR, if applicable
- Name of vendor or manufacturer, lot numbers, and expiration dates of all ingredients and components
- Name of the person who prepared and name of the supervising personnel (e.g., ANP or AU physician)
- Date and time of preparation
- Assigned internal identification number (e.g., lot number)
- Unique reference [e.g., prescription, order number(s)]
- Assigned BUD and storage requirements
- Documentation of QC results

10. PREPARATION

The individual responsible for preparing the radiopharmaceutical(s) must ensure that the final preparation complies with quality and purity specifications throughout the assigned BUD. This includes, as appropriate

for the preparation, radionuclidic purity, radiochemical purity, chemical purity, and physical and chemical properties.

10.1 Preparation Following Manufacturer Instructions

NONSTERILE PREPARATIONS

For nonsterile preparations, follow manufacturer preparation instructions (e.g., I-131 NaI capsules or solution), taking into account appropriate radiation safety considerations and environmental controls, if applicable (e.g., negative air pressure area, chemical fume hood, activated charcoal filters when handling a potentially volatile radionuclide). The area should be suitably cleaned and uncluttered to ensure the overall integrity and quality of the prepared radiopharmaceutical(s). There should be a documented process for activities (e.g., cleaning) between the preparation cycles of different nonsterile products, to decrease the likelihood of contamination from other prepared products.

STERILE PREPARATIONS

For sterile preparations (including intravascular devices), follow manufacturer preparation instructions, taking into account appropriate radiation safety considerations, appropriate environmental controls, and aseptic handling practices to maintain sterility. The minimum environmental standard for the preparation of sterile radiopharmaceuticals beyond immediate-use is within an ISO Classified area or device (see *Table 7*). Refer to *5. Facilities and Environmental Controls* and *Table 7* on the location of the PEC and the assignment of the BUD.

10.2 Preparation with Minor Deviations

In some cases, radiopharmaceuticals are prepared with minor deviations from manufacturer instructions that are necessary to accommodate circumstances not contemplated in the FDA-approved labeling. Note that *General Notices, 5.20.20.1 In Compounded Preparations* includes the statement: "Deviation from the specified processes or methods of compounding, although not from the ingredients or proportions thereof, may occur provided that the finished preparation conforms to the relevant standards and to preparations produced by following the specified process." However, except for a few receptor-based radiopharmaceuticals where specific activity is an important parameter, there is a very broad range of acceptable values for specific activity and for proportions of ingredients. Deviations from manufacturer preparation instructions for radiopharmaceuticals must maintain the same ingredients but may differ in their proportions.

This requires appropriate in-house QC testing, designed to validate the radiochemical purity of the product for the entirety of the BUD or is supported by appropriate peer-reviewed publications for the minor deviation utilized.

Examples of minor deviations include, but are not limited to, the following:

- Altering the quantity of radioactivity or volume added to the vial
- Changes in step-by-step operations (e.g., dilute Tc-99m sodium pertechnetate after rather than before addition to the vial)
- Using alternative devices or equipment (e.g., a heating block rather than a hot water bath, using a different sized needle, different shielding materials)
- Using QC test methods other than those described in the product labeling (e.g., radiochemical purity)
- Filtering Tc-99m sulfur colloid

10.3 Preparation of Radiolabeled Blood Components

Handling blood and radiolabeling of blood components requires special attention to biological risks and must be handled with standard precautions using aseptic technique to prevent the introduction of new microorganisms into the preparation that will be administered. Due to the potential presence of

microorganisms in the original blood sample, the preparation must be administered as soon as possible but no later than 6 hours after the blood sample is obtained from the patient or blood bank.

The presence of microorganisms in a blood sample may present a risk to the individual performing the preparation as well as cross-contamination to other blood samples or other non-blood related radiopharmaceuticals. Equipment and supplies should never be shared with other activities unless they are first thoroughly cleaned and disinfected. Special precautions when radiolabeling of blood components for non-immediate use include:

- There must be complete physical separation (either fixed or non-fixed wall) of areas where blood products are handled from areas where non-blood products are handled. An ISO Class 5 BSC located in an ISO Class 7 buffer area is required for blood-labeling processes. If more than one ISO Class 5 PEC is located within the ISO Class 7 buffer area, policies and SOPs must be in place to include certification that the SEC meets conditions of air quality at maximum occupancy under dynamic operating conditions.
- One radiolabeling procedure per PEC at a time. Blood products from more than one patient must never be manipulated at the same workstation at the same time. Each area should have dedicated supplies, equipment (including dose calibrator), and waste disposal to eliminate sharing of these items or overlap in pathways.
- Thorough cleaning and disinfection of the ISO Class 5 BSC and all reusable equipment within, prior to starting another blood component radiolabeling procedure.
- If a dedicated dose calibrator is not available, then a means of preventing the blood container(s) from contaminating the dose calibrator must be used or the dose calibrator dipper and liner must be cleaned and disinfected following the radioassay.
- Centrifuge should be located within the ISO Class 7 buffer area that is dedicated for blood component radiolabeling processes.
- Dedicated (per each radiolabeling procedure) consumable products (e.g., 0.9% sodium chloride injection, diluent, tubes, syringes, and other supplies) necessary for each individual patient radiolabeling procedure.
- All tubes and syringes in contact with the patient's blood components must be clearly labeled with the patient's name and at least one additional identifier (e.g., date of birth, medical record number, barcode).
- Dedicated syringe shields and vial shields.
- Remove and replace any garb that enters the ISO Class 5 BSC before handling anything else not related to performing this procedure.
- Removal of all disposable items from the ISO Class 5 BSC utilized in each radiolabeling procedure.
- Cleaning and disinfection of all reusable equipment and components (e.g., BSC, centrifuge, dose calibrator, syringe shields, vial shields, syringe transport shields and delivery cases) after each radiolabeling procedure prior to any further use. Policies and SOPs must address cleaning and disinfection processes including the use of an EPA-registered (or equivalent) one-step disinfectant cleaner with activity against blood-borne pathogens followed by sterile 70% IPA. Sterile 70% IPA alone is not sufficient.
- After the completion of blood radiolabeling procedures, follow all requirements in *4.5 Hand Hygiene and Garbing for Buffer Areas and segregated Radiopharmaceutical Processing Area*.

10.4 Preparation of Radiolabeled Red Blood Cells for Immediate Use

In vitro red blood cell labeling must be prepared while following the conditions below:

- A dedicated space for blood handling must be designated through the entirety of the blood radiolabeling process. This area must be free from clutter and not used for any other

radiopharmaceutical preparation or handling until the completion of cleaning and disinfection.

- Perform only one radiolabeling procedure at a time or have documented processes that maintain the integrity of samples and environment.
- Dedicated equipment must be used for blood radiolabeling procedure (e.g., L-block, syringe shield, vial shield, forceps, needle recapper).
- If a dedicated dose calibrator is not available, then a means of preventing the blood container(s) from contaminating the dose calibrator or a cleaning and disinfecting procedure with an appropriate product must be used to decontaminate the dipper and liner of the dose calibrator following the radioassay
- A cleaning and disinfecting procedure with an appropriate agent(s) must be used to decontaminate the area and equipment prior to and after the radiolabeling is complete and all disposable components have been discarded
- Follow all requirements in *4.4 Hand Hygiene and Garbing for Immediate Use Preparations*.
- The start time of the preparation must begin with the initial container puncture or the exposure of a critical site (e.g., syringe tip, needle hub or needle) to ambient air, whichever is first.
- BUD of 1 hour (see *Table 7*).

11. COMPOUNDING

Each compounding activity must be based on a pre-established written procedure and must include maintenance of compounding records. The compounding record must provide traceability (see *9. Documentation*).

All sterile compounding, using aseptic technique, must be performed in an ISO 5 PEC. Refer to *5.7 Environmental Controls* and *Table 7* for further clarification on the location of the PEC and the applicability of the radiopharmaceutical BUD.

Compounding must not be performed for any radiopharmaceutical(s) that has been withdrawn from the market because of safety or lack of effectiveness, unless part of an institutional review board approved investigational study. Radiopharmaceuticals that are essentially copies of marketed FDA-approved radiopharmaceuticals must not be compounded unless there is a change that produces a clinical difference for an identified individual patient, as determined by a prescriber.

11.1 Compounding Nonsterile Radiopharmaceuticals

Compounding nonsterile radiopharmaceuticals is the combining, mixing, diluting, pooling, reconstituting or otherwise altering a drug or bulk drug substance other than as provided by the manufacturer's package insert to create a nonsterile radiopharmaceutical. Examples of compounding nonsterile radiopharmaceuticals include: changing the dosage form of a capsule to a solution, changing an intravenous dosage form to an oral dosage form, and radiolabeling a food for oral administration (e.g., Tc-99m sulfur colloid in eggs). Areas designated for nonsterile compounding must be cleaned and uncluttered and separated from areas designated for sterile radiopharmaceuticals. Compounding should take into account RAM licensing requirements for appropriate radiation safety considerations and utilize appropriate environmental controls, if applicable (e.g., chemical fume hood, activated charcoal filters when handling potentially volatile radionuclides). The placement of equipment and materials must take into account a design that prevents cross-contamination.

When feasible, disposable material should be used to reduce the chance of cross-contamination. Each compound must have a unique MFR (see *9.1 Master Formulation Record*). The preparation information is documented on a compounding record (see *9.2 Records for Preparation with Minor Deviations/Compounding*). The MFR details the selection of all components. The ingredients must be obtained from sources in this preferential order: FDA-approved product; FDA-registered facility; and lastly, if the ingredients for the compound are not available from either of these two sources, the MFR must detail the selection of a material that is suitable for the intended use. The MFR must establish the identity,

strength, purity, and quality of the ingredients by validated means (e.g., CoA). Requirements for nonsterile oral meal components are limited to common food grade description and are not required to establish identity by validated means.

A BUD for the compounded radiopharmaceutical must be validated, taking into account the stability of the ingredients, any intermediate containers, the final container, and the storage conditions. A BUD cannot be extended past the labeled expiration date of any component in the compound. If the compounded radiopharmaceutical(s) includes components from other preparations or preparations with minor deviations, the BUD of the final compounded radiopharmaceutical must not exceed the shortest remaining BUD of any of those components.

11.2 Sterile Compounding

Some compounding activities involve only the addition of a conventionally manufactured drug product (e.g., *Ascorbic Acid Injection*, *Lidocaine Hydrochloride Injection*, *Sodium Bicarbonate Injection*) approved by the appropriate regulatory agency to a radiopharmaceutical.

Personnel responsible for compounding must consider all possible interactions between the components, such as altered chemical stability, radiochemical stability, solubility, or other parameters (e.g., osmolality) related to changes in pH, excipients, or other factors, in determining an appropriate BUD. In some cases, this may require systematic QC testing over time to validate the appropriateness of a particular BUD.

Another activity that is considered a compounding activity is the splitting of conventionally marketed kits. Kit-splitting (also referred to as "fractionation") may be used to meet patient need. For example, the contents of a kit vial can be reconstituted with 0.9% sodium chloride injection and aliquoted into other containers for storage and subsequent radiolabeling. The individual responsible must consider all possible interactions of kit components with these other containers (e.g., container walls, closures), as well as possible alterations in stability (e.g., physical stability, chemical stability) that may affect radiolabeling yields or performance parameters, when determining an appropriate BUD. Systematic QC testing is required to validate the appropriateness of a particular BUD.

11.3 Sterile Compounding Using a Nonsterile Drug Substance or Components

Some sterile compounding activities involve the use of materials other than commercially marketed products, such as drug substances and/or radionuclides. If one or more materials or components are not certified to be sterile and pyrogen-free, a sterilization procedure (e.g., filtration with bubble point testing) and testing described in ⟨85⟩ must be performed. The designated person for compounding is responsible for ensuring that the final preparation complies with pre-established standards or acceptance criteria for identity, quality, and purity, and must consider all possible interactions between the components, such as altered chemical stability, radiochemical stability, solubility, or other parameters (e.g., osmolality) related to changes in pH, excipients, or other factors, in determining an appropriate BUD. This may require testing to validate the appropriateness of a particular BUD.

If compounding involves a bulk drug substance, the radiopharmaceutical must comply with standards of an applicable *USP* or *NF* monograph, if one exists, or be a component of an approved drug product. For this chapter, a bulk drug substance includes a radionuclide, a ligand, or other substance, such as a precursor that becomes an active ingredient in the final radiopharmaceutical. Each bulk drug substance should be manufactured by drug establishments registered with FDA and be accompanied by a valid CoA or equivalent testing procedures.

If compounding involves excipients or other inactive ingredients, the excipients or other inactive ingredients must comply with standards of an applicable *USP* or *NF* monograph, if one exists. It is also acceptable that any excipients or other inactive ingredients be approved products, manufactured by a drug establishment registered with the FDA.

12. DISPENSING

12.1 Dispensing and Radioassay

Dispensing refers to the manipulations necessary to transfer the prescribed or ordered amount of radiopharmaceutical into the final container (e.g., syringe or vial). Dispensing can take place from single-dose or multiple-dose containers of prepared, prepared with minor deviations, compounded, or manufactured radiopharmaceuticals, and may involve needle changes, affixing a sterile cap, or dilution (e.g., adding 0.9% sodium chloride injection) in the final container. For nonsterile radiopharmaceuticals, an example is obtaining 1 capsule from a container holding 1 or more capsules. For sterile radiopharmaceuticals, an example is withdrawing a volume of solution from a single-use or multiple-dose container into a syringe. Labeling of the final patient-ready dose or ordered amount of a radiopharmaceutical is also a component of the dispensing process.

Except for an unopened manufacturer container, the final dose or ordered amount must be radioassayed (i.e., in a dose calibrator). The measured activity should be mathematically corrected for radioactive decay to the time of scheduled administration (calibration time) (refer to *14. Quality Assurance and Quality Control*). The activity at calibration time must always be within federal, state, and local variance limits.

12.2 Labeling

The labeling of radiopharmaceuticals can fall under the jurisdiction of numerous regulatory agencies. Individual boards of pharmacy and other regulatory bodies may have very specific statutes and/or regulations concerning this process. The requirements specified in this chapter must be considered the minimum requirements for the labeling of the inner container (e.g., syringe, vial) and the outer shielding (e.g., syringe or vial shielding). Therefore, all personnel distributing and/or dispensing radiopharmaceuticals should verify that any labeling is in compliance with regulatory agencies.

The inner container must be labeled with the following:

- Standard radiation symbol
- The words "Caution—Radioactive Material"
- For all therapeutic and blood-products, the patient name/identifier
- Radionuclide and chemical form (generic name)
- Radioactivity at the date and time of calibration

The outer shielding must be labeled with the following:

- Standard radiation symbol
- The words "Caution—Radioactive Material"
- For all therapeutic and blood-products, the patient name/identifier
- Radionuclide and chemical form (generic name)
- Radioactivity at the date and time of calibration
- Volume or number of units dispensed (e.g., 2 capsules), as applicable
- Product expiration or BUD (see *Table 7*), as applicable, and any special storage and handling instructions for non-immediate use (e.g., refrigeration, resuspension)
- Route of administration

12.3 Direct Infusion Systems

The information in this section is limited to the sterility and aseptic technique for direct infusion systems. The described infusion systems are FDA-cleared medical devices or FDA-approved direct infusion generators without an ISO-5 environment. The manner in which all necessary solutions (e.g., radiopharmaceutical and eluant/diluent) are used in conjunction with the system was a consideration in the overall approval process for the system. Therefore, all operators of the direct infusion systems must follow the "Instructions for Use" in the device labeling.

- Direct infusion generators (e.g., rubidium chloride Rb 82 injection) may employ a container of eluant (e.g., bag of 0.9% sodium chloride injection) to allow administration of the eluate directly to patient(s).
- Direct infusion devices (e.g., portable PET patient-infusion system) provide a method for dispensing and administration from a multiple-dose container of the radiopharmaceutical (e.g., fludeoxyglucose F 18 injection) and the diluent (e.g., 0.9% sodium chloride injection) directly to patients to reduce the radiation exposure to personnel.

In each of these situations, the radiopharmaceutical container must be attached to or be needle-punctured by the respective direct infusion system. Given that such direct infusion systems are intended for multiple patients over the course of several hours, there could be a sterility concern if not operated properly. Therefore, the following parameters must be considered by the operator of the system:

- Setup attachment or needle-puncture should be performed in a defined environment
- Aseptic handling in ambient air with a maximum BUD of 10 hours is allowed for these direct infusion systems (see *Table 7*)
- The 0.9% sodium chloride bag attached to the device may only be punctured once and may be used for no more than 10 hours. The bag must be labeled with the date and time of puncture and the BUD
- Any nonsterile parts of the device that may encounter the septum of the radiopharmaceutical vial must be disinfected with sterile 70% IPA prior to puncturing the vial with the needle
- The septum of any vial and the ports of any diluent bag must be wiped with sterile 70% IPA prior to puncturing
- When puncturing the vial in ambient air, it must only be punctured once
- If there are problems with the infusion device, no sterile container(s) associated with the system can be repunctured or transferred to a PEC for further manipulations and the container, with contents, must be discarded

12.4 Transporting Generators Between Facilities

The following standards must be followed if transporting generators between facilities:

- The generator needle and/or ports must be capped in ISO Class 8 air or better with sterile protectors
- The generator must be packaged and transported in a manner to maintain the integrity and sterility of the generator system

13. REPACKAGING

Repackaging refers to the act of removing conventionally manufactured radiopharmaceutical(s) from the container in which it was distributed by the original manufacturer and placing it into a different container without further manipulation of the product. Repackaging also includes the act of placing the contents of multiple containers of the same finished drug product into one container, as long as the container does not include other ingredients. Repackaging may be performed for nonsterile radiopharmaceuticals (e.g., I-131 sodium iodide oral capsules) and for sterile radiopharmaceuticals (e.g., thallous chloride Tl 201 injection).

Except for unopened manufacturer dosage units (e.g., capsules, Xe-133 vials), the repackaged radiopharmaceutical must be radioassayed (i.e., in a dose calibrator). The inner container should be labeled with the following:

- Standard radiation symbol
- The words “Caution—Radioactive Material”
- The radionuclide and chemical form (generic name)
- Radioactivity with units at time of calibration and the calibration time

The outer shielding should be labeled with the following:

- Standard radiation symbol
- The words "Caution—Radioactive Material"
- The radionuclide and chemical form (generic name)
- Radioactivity with units at time of calibration and the calibration time
- Volume, or number of units (e.g., capsules), as applicable
- Product expiration or BUD (see *Table 7*), as applicable
- Special storage and handling instructions

14. QUALITY ASSURANCE AND QUALITY CONTROL

Quality assurance (QA) is a system of procedures, activities, and oversight that ensures that radiopharmaceutical processing consistently meets quality standards (see *Quality Assurance in Pharmaceutical Compounding* ⟨1163⟩). Quality control (QC) is the sampling, testing, and documentation of results that, taken together, ensure that specifications have been met before release of the radiopharmaceutical(s).

A facility's QA and QC programs must be formally established and documented in SOPs that ensure that all aspects of the handling of radiopharmaceuticals are conducted in accordance with this chapter and applicable federal, state, and local laws and regulations. A designated person must ensure that the facility has formal, written QA and QC programs that establish a system of:

1. Adherence to procedures,
2. Prevention and detection of errors and other quality problems,
3. Evaluation of complaints and adverse events, and
4. Appropriate investigations and corrective actions.

The SOPs must describe the roles, duties, and training of the personnel responsible for each aspect of the QA program. The overall QA and QC program must be reviewed at least once every 12 months by the designated person. The results of the review must be documented and appropriate corrective action taken, if needed.

14.1 Notification About and Recall of Out-of-Specification Dispensed Radiopharmaceuticals

If a radiopharmaceutical is dispensed or administered before the results of release testing are known, the facility must have SOPs in place to:

1. Immediately notify the prescriber of a failure of specifications with the potential to cause patient harm (e.g., sterility, strength, purity, bacterial endotoxin, or other quality attributes), and
2. Determine whether a recall is necessary.

The SOP for recall of out-of-specification dispensed radiopharmaceuticals must contain procedures to:

- Determine the severity of the problem and the urgency for the implementation and completion of the recall
- Determine the distribution of any affected radiopharmaceutical, including the date and quantity
- Identify patients who have received the radiopharmaceutical
- Outline the disposition and reconciliation of the recalled radiopharmaceutical

The facility must document the implementation of the recall procedures. The recall must be reported to appropriate regulatory bodies as required by laws and regulations of the applicable regulatory jurisdiction (e.g., state board of pharmacy, state health department).

14.2 Complaint Handling

Radiopharmaceutical facilities must develop and implement SOPs for handling complaints. Complaints may include concerns or reports on the quality and container labeling of, or possible adverse reactions to, a specific radiopharmaceutical.

A designated person must review all complaints to determine if they indicate potential quality problems with the radiopharmaceutical. If a complaint does, an investigation into the potential cause of the problem must be completed. The investigation must consider whether the quality problem could extend to other radiopharmaceuticals. Corrective action, if necessary, must be implemented for all potentially affected radiopharmaceuticals. Consider whether to initiate a recall of potentially affected radiopharmaceuticals and whether to cease sterile compounding until all underlying problems have been identified and corrected.

A readily retrievable record (written or electronic) of each complaint must be kept by the facility, regardless of the source of the complaint (e.g., e-mail, telephone, mail). The record must contain the name of the complainant, the date the complaint was received, the nature of the complaint, the response to the complaint, and, if known, the name and strength of the radiopharmaceutical and the assigned internal identification number (e.g., prescription, order, or lot number).

The record must also include the findings of any investigation and any follow-up. Records of complaints must be easily retrievable for review and evaluation for possible trends and must be retained in accordance with the record keeping requirements in *9. Documentation*. A radiopharmaceutical that is returned in connection with a complaint must be quarantined until it is destroyed after completion of the investigation and in accordance with applicable jurisdictional laws and regulations.

14.3 Adverse Event Reporting

Adverse events potentially associated with the quality of radiopharmaceuticals must be reported in accordance with the facility's SOPs and all applicable jurisdictional laws and regulations. In addition, adverse events potentially associated with the quality of the radiopharmaceutical preparation should be reported to the applicable jurisdictional regulatory body (e.g., state boards of pharmacy, state health departments, FDA's MedWatch program for human drugs).

GLOSSARY

Administration: The direct and immediate application of a radiopharmaceutical to a patient by injecting, infusing, ingesting, or otherwise providing a radiopharmaceutical in its final form.

Airlock:A space with interlocked doors, constructed to maintain air pressure control when items move between two adjoining areas.

Ante-room: An ISO Class 8 or cleaner area with fixed walls and doors where personnel hand hygiene, garbing procedures, and other activities that generate high particulate levels are performed. The ante-room is the transition area between the unclassified area in a facility and the classified buffer area.

Aseptic processing or preparation: A process by which separate, sterile components (e.g., drugs, containers, or closures) are brought together under conditions that maintain their sterility.

Aseptic technique: Methods utilized during the processing of radiopharmaceuticals to keep objects and areas free of microorganisms and thereby minimize infection risk to the patient. It is accomplished through practices that maintain the microbe count at a nearly irreducible number.

As low as (is) reasonably achievable (ALARA): The effort to maintain exposures to ionizing radiation as far below the dose limits as practical. These efforts should be consistent with the purpose for which the licensed activity is undertaken, in relation to utilization of licensed materials in the public interest. Limiting exposure time, using adequate shielding, and maintaining the most distance possible from all radioactive sources (i.e., time, distance, shielding) are the basic principles for successfully following ALARA guidelines.

Authorized nuclear pharmacist (ANP):A pharmacist recognized by the U.S. Nuclear Regulatory Commission or an Agreement State agency as having met training and experience requirements for the practice of nuclear pharmacy.

Authorized user (AU):A physician recognized by the U.S. Nuclear Regulatory Commission or an Agreement State agency as meeting training and experience requirements for specified medical uses of radioactive material.

Beyond-use date (BUD): The assigned date and time beyond which the radiopharmaceutical must not be administered.

Biological safety cabinet (BSC) Class II:A ventilated cabinet with an open front and inward and downward unidirectional HEPA-filtered airflow and HEPA-filtered exhaust.

Blood components: Any constituent of blood that is separated by physical or mechanical means (e.g., red cells, white cells, platelets)

Buffer area: An ISO Class 8 or cleaner area with fixed walls and doors where PEC(s) that generate and maintain an ISO Class 5 environment are physically located. The buffer area may only be accessed through the ante-room.

Chemical purity: The fraction of the total chemical species present in the radiopharmaceutical as the specified chemical component(s). A chemical impurity is the presence of an unwanted non-radioactive chemical.

Classified area: An area that maintains an air quality classification based on the ISO guidelines (i.e., ante-room, buffer area). See *ISO class*.

Cleaning agent:A material for the removal of residues (e.g., dirt, debris, microbes, and residual drugs or chemicals) from surfaces.

Compounding: The combining, mixing, pooling, or otherwise altering (excluding preparation with minor deviations) of a conventionally manufactured radiopharmaceutical or synthesizing/formulating a radiopharmaceutical from bulk drug substances and radionuclides. See *Preparation with minor deviations*.

Container–closure system: The packaging components that contain or come in contact with the radiopharmaceutical and maintain the integrity of the radiopharmaceutical contained within. Examples include (but are not limited to) vials, tubes and syringes.

Critical site:A location that includes any component or fluid pathway surface (e.g., vial septa, injection ports) or openings (e.g., needle hubs) that, when exposed is at risk for contamination by direct contact with air (e.g., ambient area or HEPA-filtered), moisture (e.g., oral and mucosal secretions), or touch.

Designated person: One or more individuals assigned to be responsible and accountable for the performance and operation of the radiopharmaceutical processing facility and for personnel who prepare, compound, dispense, and repackage radiopharmaceuticals.

Direct infusion system: An FDA-cleared medical device used to dispense and/or administer radiopharmaceuticals to multiple patients. The standards of this chapter pertain to devices with ambient air that lack and ISO Class 5 environment.

Direct processing area (DPA): An area within the ISO Class 5 PEC where critical sites are exposed to unidirectional HEPA-filtered air, also known as first air.

Disinfectant:A chemical or physical agent used on inanimate surfaces and objects to destroy microbiological contamination (e.g., fungi, viruses, and bacteria) when used in the appropriate concentrations and for the appropriate contact times. Sporicidal disinfectant agents are considered a special class of disinfectants that also are effective against bacterial endospores and fungal spores.

Dispensing: The manipulation or labeling of a radiopharmaceutical to render it in its final form for administration, typically obtained from a single-dose or multiple-dose container (e.g., withdrawing a volume of finished product or preparation from a vial into a syringe). Dispensing is performed under the supervision of a physician or pharmacist and for radiopharmaceuticals includes dilution with an appropriate diluent or adjusting the activity in an individual dosage.

Dose pooling: The combining of doses from two or more syringes to meet one patient's need, also see "repackaging".

Dose splitting: The splitting of a patient-ready unit dose for use with more than one patient.

Dynamic operating conditions: Conditions in the SRPA or classified area in which operating personnel are present and performing actual or simulated activities. The PEC should contain equipment and materials regularly used for radiopharmaceutical processing (e.g., low-lint absorbent pads, dose calibrator, syringe shields).
Expiration date: For conventionally manufactured radiopharmaceuticals, the specified date (and time) beyond which the product must not be administered. The expiration date is determined by the manufacturer.
First air: The air exiting the HEPA filter in a unidirectional air stream.
Garb: Gloves, gowns, shoe covers, head (covers ears and all hair) and facial hair covers, masks, and other items designed to reduce particle shedding from personnel and minimize the risk of microbiological contamination to radiopharmaceuticals.
High efficiency particulate air (HEPA) filtration: Using a tested and certified air filter designed to remove 99.97% of airborne particles measuring 0.3-micron or greater in diameter from the air passing through it.
Hot-cell:A device used for the shielding and containment of radioactive materials. The shielding material(s) (e.g., lead) is generally incorporated into the structure of the unit itself. Radiopharmaceutical personnel carry out the majority of the tasks within the hot-cell from the exterior of the unit. This is accomplished by the use of remote manipulation systems (e.g., manipulator arms, automated dispensing system) of various designs. Numerous air quality configurations of the hot-cell may exist, including integrated HEPA filtration systems to render all or a specified portion (DPA) of the device capable of certifying to a controlled ISO Class 5 environment. In other situations, the hot-cell offers only radiation protection and a laminar flow PEC, capable of achieving an ISO Class 5 environment, is placed within the enclosure to allow for safe aseptic manipulations. A hot-cell may also be referred to by other designations (e.g., shielded isolator with laminar flow, PET dispensing station, manipulator hot-cell, shielded isolators for dispensing, radiopharmaceutical dispensing isolator).
Hot lab: Unclassified radiopharmaceutical processing area located within a hospital or clinical site that is only appropriate for immediate use radiopharmaceuticals if there is not an ISO 5 PEC within SRPA located within the area.
Immediate use:A preparation (including preparations with minor deviations) and/or dispensing of a sterile radiopharmaceutical that is limited for a single patient. Only sterile conventionally manufactured drug products (e.g., NDA, ANDA) or drugs produced under an approved IND or RDRC protocol may be used. Administration must begin within 1 hour of the first container puncture or exposure of any critical site involved (e.g., syringe tip, needle hub or needle) to ambient air, whichever is first.
Individual dose (unit dose):A radiopharmaceutical in its final form ready for administration (e.g., capsule, sterile solution in a syringe) consisting of the amount (dose) prescribed, ordered, or other intended for an individual patient or research subject.
Inverse square law: The specified physical quantity or intensity of a radiation emission is inversely proportional to the square of the distance from the source of the emission.
ISO class:A quality classification from the International Organization for Standardization based on quantity and size of particles per volume of air.
Kit: Conventionally manufactured package containing all ingredients required to prepare a radiopharmaceutical with the exception of the radionuclide.
Kit-splitting (fractionation): The act of dividing the contents of a kit vial and transferring aliquots into other containers for storage and subsequent radiolabeling.
Ligand: An ion or molecule that incorporates a metal atom to form a coordination complex.
Line of demarcation:A visible line on the floor that separates the clean and less clean sides of the ante-room.
Low-lint wiper:A wiper exhibiting few, if any, fibers or other particulates, visible without magnification, which are separate from, or easily removed from, the wiper material in a dry condition.
Master Formulation Record (MFR):A document or set of documents specifying the starting materials with their quantities and the packaging materials, together with a description of the procedures and precautions

required to produce a specified quantity of a finished preparations as well as the processing instructions, including the in-process controls.

Media-fill test:A simulation used to qualify processes and personnel engaged in sterile radiopharmaceutical processing to ensure that the processes and personnel are able to prepare radiopharmaceuticals without microbiological contamination.

Molar mass: The measured mass that is attained from a molar amount of a given substance (e.g., element, compound). It is generally expressed with units such as g/mol and kg/mol.

Multiple-dose container:A container of a radiopharmaceutical for administration that is designed to contain more than one patient dose of the radiopharmaceutical.

Negative-pressure area: An area that is maintained at lower pressure than the adjacent spaces, and therefore the net airflow is into the area. This area is appropriate for volatile or gaseous radionuclides and radiopharmaceuticals (e.g., I-131 NaI, N-13 ammonia) and intended to lend a measure of protection for the radiation workers and the general public.

One-step disinfectant cleaner:A product with an EPA-registered claim (or equivalent) that it can clean and disinfect a nonporous surface in the presence of light to moderate organic soiling without a separate cleaning step.

Pass-through: An enclosure with sealed doors on both sides to ensure that both doors are not opened at the same time. The pass-through is positioned between two spaces creating an airlock for the purpose of minimizing particulate transfer while moving materials from one space to another.

Perimeter:A visible demarcation on the floor that defines the boundaries of the SRPA.

Positive-pressure area: An area that is maintained at higher pressure than the adjacent spaces, and therefore the net airflow is out of the area.

Preparation: The act of combining a conventionally manufactured kit with a conventionally manufactured radionuclide following manufacturer's recommended instructions. Mixing, reconstituting, combining, diluting, or repackaging of a radiopharmaceutical, or other such acts, performed in accordance with directions contained in the FDA-approved labeling.

Preparation with minor deviations: The act of preparing a conventionally manufactured kit with a conventionally manufactured radionuclide with volume, and/or radioactivity, and/or step-by-step deviations from the manufacturers recommended labeling while ensuring that the final preparation maintains appropriate radiochemical and radionuclidic purity for the entirety of the BUD. Examples of minor deviations include, but are not limited to, altering the amount of activity or volume added to the vial, changes in step-by-step operations (e.g., dilute Tc-99m solution after, rather than before, addition to the vial, use of a venting needle or filter), using alternative devices or equipment (e.g., a heating block rather than a hot water bath), and using alternative radiochemical purity testing methods.

Primary engineering control (PEC):A device or zone that provides an ISO Class 5 air quality environment for sterile processing.

Pyrogen:A substance that induces a febrile reaction in a patient.

Quality assurance (QA): The system of procedures, activities, and oversight that ensures that radiopharmaceutical processing consistently meets quality standards.

Quality control (QC): The sampling, testing, and documentation of results that, taken together, ensure that specifications have been met before release of the radiopharmaceutical.

Radioactive materials (RAM) license:A document(s) issued by the US NRC or an Agreement State agency that authorizes various activities involving the use of radioactive materials. These uses can include possession, research and development, distribution, medical use, and other purposes not included in this list. Only those activities specifically authorized are allowed.

Radioassay: Measurement of the quantity of radioactivity present in a container using a suitable and calibrated instrument, such as a well-type ionization chamber (i.e., dose calibrator).

Radiochemical purity: The ratio, expressed as a percentage, of the radioactivity of the intended active radiopharmaceutical ingredient to the total radioactivity of all radioactive ingredients and impurities present in

the radiopharmaceutical preparation (see *Radioactivity* ⟨821⟩).

Radionuclidic purity: The ratio, expressed as a percentage, of the radioactivity of the intended radionuclide to the total radioactivity of all radionuclides in the radiopharmaceutical preparation (see ⟨821⟩).

Radiopharmaceutical (radiopharmaceutical preparation/radioactive drug):(See ⟨821⟩.) A finished dosage form that contains a radioactive substance in association with one or more other ingredients and that is intended to diagnose, stage a disease, monitor treatment, or provide therapy. A radiopharmaceutical includes any non-radioactive reagent kit or radionuclide generator that is intended to be used in the preparation of any such substance. The terms "radiopharmaceutical" and "radioactive drug" are commonly used interchangeably.

Repackaging: The act of removing a conventionally manufactured radiopharmaceutical from the container in which it was distributed by the original manufacturer and placing it into a different container without further manipulation of the product. Repackaging also includes the act of placing the contents of multiple containers (e.g., vials) of the same finished drug product into one container, as long as the container does not include other ingredients. Radiopharmaceutical manipulation in any other way, including reconstitution, dilution, mixing, or combination with another ingredient, is not considered repackaging.

Restricted area: Any area to which access is controlled for the protection of individuals from exposures to radiation and radioactive materials.

Secondary engineering control (SEC): The area where the PEC is placed (e.g., a classified area or an SRPA). It incorporates specific design and operational parameters required to minimize the risk of microbial contamination.

Segregated radiopharmaceutical processing area (SRPA):A designated, unclassified space, area, or room with a defined (by facility procedures) perimeter that contains a PEC. An SRPA is only suitable for radiopharmaceutical preparation (with and without minor deviations), dispensing, and repackaging. If the SRPA is used to elute radionuclide generators it must have ISO Class 8 particle count non-viable particle count air quality.

Shielding: Barriers of appropriate radiation attenuating material, used for radiopharmaceuticals, to protect the personnel. These barriers can be general in nature (e.g., L-block, hot-cell), as to afford protection from a radiation field, or specific to a container used to hold a particular radiopharmaceutical (e.g., syringe shield, vial shields, "pigs").

Single-dose container:A container of a radiopharmaceutical for administration that is designed for use with a single patient as a single administration.

Specific activity: The radioactivity of a radionuclide per unit mass of the compound involved with the radionuclide (see *Radioactivity—Theory and Practice* ⟨1821⟩). The units of specific activity involve those for the activity (e.g., mCi, MBq, Ci, GBq) and those for the unit of mass (e.g., µg, mmol); expressed on an activity per mass basis (e.g., mCi/µg, MBq/µg, Ci/mmol, GBq/mmol).

Sporicidal agent:A chemical or physical agent that destroys bacterial and fungal spores when used in sufficient concentration for a specified contact time. It is expected to kill all vegetative microorganisms.

Start of preparation: Time at which a vial septum is punctured or a component container is opened (e.g., removal of cap on a pre-filled syringe), whichever comes first.

Sterility: The absence of viable microorganisms.

Strength: The radioactivity concentration of the radiopharmaceutical at the calibration time (see ⟨821⟩). Strength is expressed as the quantity of radioactivity on a volume basis (e.g., mCi/mL or MBq/mL).

Unclassified space:A space not required to meet any ISO air cleanliness classification.

Unrestricted area: An area in which a person should not be exposed to radiation levels in excess of 2 millirems in any 1 h from external sources.

Use-by time: For radiopharmaceuticals prepared from kits, the time period after preparation during which the radiopharmaceutical should be used or administered, as suggested or stated in the manufacturer's prescribing information.

APPENDIX

Abbreviations

ACPH	Air changes per hour
ALARA	As low as reasonably achievable
ANDA	Abbreviated new drug application
ANP	Authorized nuclear pharmacist
AU	Authorized user
BLA	Biologics license application
BSC	Biological safety cabinet
BUD	Beyond-use date
CETA	Controlled Environment Testing Association
cfu	Colony-forming unit
CoA	Certificate of analysis
DPA	Direct processing area
EPA	Environmental Protection Agency
FDA	Food and Drug Administration
FDCA	Food, Drug, and Cosmetic Act
HEPA	High-efficiency particulate air
HVAC	Heating, ventilation, and air conditioning
IND	Investigational new drug
IPA	Isopropyl alcohol
ISO	International Organization for Standardization
LAFW	Laminar airflow workbench
MAA	Macroaggregated albumin
MEA	Malt extract agar
MFR	Master Formulation Record
NDA	New drug application
NRC	Nuclear Regulatory Commission
PEC	Primary engineering control
PET	Positron emission tomography
RAM	Radioactive material
RDRC	Radioactive drug research committee
RH	Relative humidity
SDA	Sabouraud dextrose agar
SEC	Secondary engineering control
SOP	Standard operating procedure

SRPA	Segregated radiopharmaceutical processing area
TSA	Trypticase soy agar

[1] Centers for Disease Control and Prevention. *Guideline for Disinfection and Sterilization in Healthcare Facilities*, 2008.

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