After filling out form, print, sign, and mail to: Iowa Board of Pharmacy 400 SW 8th Street, Suite E, Des Moines, Iowa 50309-4688. Deadline for inclusion on Board's agenda is three weeks prior to Board meeting.

Case No. or State ID No.
Rec'd:
(FOR PHARMACY BOARD USE ONLY)

IOWA BOARD OF PHARMACY
Petition for [x] Waiver [☐] Variance
(check the appropriate box)

PLEASE PRINT OR TYPE ALL INFORMATION IN INK

A waiver excuses the petitioner from the requirements of a rule in its entirety or from a part of a rule; a variance does not. Instead, a variance is a modification to the requirements of a rule or a part of a rule. Example: A rule requires the fencing of certain property and further requires that the fence be at least 6 feet in height. A waiver of that rule would excuse the petitioner from the requirement for fencing the property. A variance would require the property be fenced but would allow the petitioner to maintain the current fencing configuration of 5 feet in height (perhaps the fence was constructed prior to the height requirement). When replacement of the current fence becomes necessary as a consequence of normal wear and tear, the variance would terminate and the petitioner would be required to comply with the 6-foot height requirement.

Note: Statutory requirements that have been repeated in administrative rules are not subject to consideration for a waiver or variance.

Is this petition an initial request or is it a request for renewal? [x] Initial Request [☐] Request for Renewal
If a request for renewal, explain below why the renewal is necessary.

Petitioner Information (include licensee/registrant name and name of contact person, i.e. pharmacist in charge)

Name: Iowa Lutheran Hospital Pharmacy, Steven Sanders, PIC Phone No.: 515-263-5572
(include area code)

Address: 700 E. University

City: Des Moines State: IA Zip Code: 50316

Petition Information

1. Chapter Number and Title.

   657.20.4 Sterile Compounding

2. Rule Number(s) and Title(s).

   657.20.4 (124, 126, 155A) Sterile Compounding

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IOWA BOARD OF PHARMACY

3. Describe in your own words the essence of each Rule Number(s) and Title(s) that pertains to this petition.

   The Board of Pharmacy has adopted USP 797 as the final rule to follow for sterile compounding.

4. Describe the specific nature and scope of your petition. In your description, include the anticipated time period (beginning and ending) for which the petition would apply. A waiver or variance may not be requested or granted on a permanent basis; the petition must identify an end date.

   At ILH, our current facilities do not have an outside vented Chemo room. In 2015 we worked with architects, engineers, and our facilities personnel to design and plan a complete remodel of the pharmacy and a complete mechanical upgrade to the IV clean, hazardous IV room, and ante room to be compliant with USP 797 and

USP 800. Construction money was budgeted and construction began on January 18, 2016 and the projected completion date is by July 31, 2016.

5. Describe the relevant facts and reasons that, in your opinion, justify and provide "clear and convincing evidence" as to why this petition merits consideration for waiver or variance. In your description, explain why the rule(s) poses an undue hardship. If there is a public health, safety and welfare issue associated with this rule(s), or if this rule(s) addresses security or confidentiality issues, also explain how equal protection will be maintained if this petition were granted.

   Our desire is to have the construction meet the required rules of USP 797 and the new USP 800 rules that are approved in 2016. We have the money budgeted and the construction has begun, but will not be completed before the May 2016 adoption of new pharmacy rules.

6. Does anyone else (inside or outside state government) possess knowledge relevant to this petition?

   [☐] Yes [X] No [☐] Do not know

   If yes, list their names, addresses and phone numbers below.

7. Would anyone (inside or outside state government) be adversely affected if this petition were granted?

   [☐] Yes [X] No [☐] Do not know

   If yes, list their names, addresses and phone numbers below.

8. Do you know how the Board of Pharmacy has treated similar situations?

   [☐] Yes [X] No

   If yes, describe below how similar situations were handled.

9. Have you had any past interaction with the Board of Pharmacy that might impact or relate to this petition?

   [☐] Yes [X] No

   If yes, describe below the issue involved and the outcome.

I authorize any person with knowledge of the relevant or important facts relating to this petition to release any pertinent information to the Iowa Board of Pharmacy. I hereby attest to the accuracy and truthfulness of the information contained herein.

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Petitioner's Signature

3-24-16
Date