

SECTION <b>Formulary Policy and Procedure</b>	PAGE Page <b>1</b> of <b>4</b>
SUBJECT/TITLE <b>FPP-10 Compounded Medication Coverage</b>	ORIGINAL DATE: <b>August 23, 2012</b> LAST REVISION: <b>February 28, 2025</b>

**Objective:** to provide clarity to the Type A Continuing Care Home (CCH) healthcare teams with respect to coverage of compounded medications by the Calgary Zone Type A CCH Formulary.

**Definition:** for the purposes of this document, a compounded medication is defined as the preparation and mixing of two or more ingredients of which at least one is a medication for the purposes of dispensing a medication but does not include reconstituting a medication with only water (Government Organization Act, R.S.A. 2000, c. G-10, Sch. 7.1, 1[b]).

**Guiding Principles:**

- Compounding is reserved for situations when all commercially available alternatives have been tried unsuccessfully or when there are no commercially available alternatives. This includes consideration of a different commercial drug, strength, or formulation with similar therapeutic effect.
- The combination (e.g. mixture) of commercially available topical products should be cost neutral or cost saving as compared to the use of individual components.
- The compound stability and usage should be considered when selecting quantity of compound to dispense.
- The Calgary Zone Type A CCH Formulary Policies and Procedures are applicable to compounded medications, including automatic substitution, the use of the least-cost alternative (LCA), and the use of generic substitution.
- The most cost-effective excipients and bases should be considered.
- Topical compounds for cosmetic purposes will not be eligible for coverage via program funding.
- Topical compounded pain preparations containing ingredients where the available scientific evidence demonstrating clinical efficacy and safety is limited<sup>3</sup>, will not be eligible for coverage via program funding.

**Process:**

1. When a compounded medication is prescribed, the pharmacist/prescriber shall determine if there is:
  - a) An appropriate Formulary automatic substitution **OR**
  - b) An appropriate Formulary alternative(s)
  
2. Combinations (e.g. 1:1 mixtures) of commercially available products will be considered approved for formulary coverage (no submission required) if the following criteria are met:
  - All active ingredients are listed as a benefit on the Calgary Zone Type A CCH Formulary **and** have a Health Canada indication for topical use, **AND**
  - Strengths of the active ingredients coincide with the appropriate strength on the Formulary
    - E.g. 2% hydrocortisone cream mixture would not be covered as 1% hydrocortisone cream is the covered product
  
3. All other compounds are considered **non-formulary** and require a submission for consideration of funding approval.

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Examples of compounds that require a submission include:

- A change in a dosage form or strength of a formulary drug
  - e.g. omeprazole suspension
- A compound contains an active ingredient that is not listed in the Calgary Zone LTC Formulary
- A compound contains an ingredient that is listed on the Formulary, but not for the desired route of administration
- A compounded version is intended to replace a commercially available medication due to a supply issue
- The resident has a contraindication or intolerance to the commercially available alternative
- The resident has a demonstrated lack of efficacy for the commercially available alternative
- There is no commercially available alternative (includes consideration of different drug, dose, or formulation with expected similar therapeutic effect)
- No alternative funding is available

4. Written request for coverage is required and shall include the information as outlined in the **Non-Formulary Drug Use / Compound Medication Funding Request Form (FPP-10)**. As part of compound coverage verification, pharmacy providers are asked to provide a description of the compound active ingredients and base, and the final price.

- Completed requests shall be securely emailed or faxed to the ISFL Calgary Zone Type A CCH pharmacist at [cc.drugmanagement@ahs.ca](mailto:cc.drugmanagement@ahs.ca) OR (403)-943-0232 (fax).
- Requests are reviewed on a case-by-case basis. Members of the Pharmacy and Therapeutics Committee may be consulted when evaluating requests.
- An appeal process may be pursued as outlined in the Non-Formulary Drug Use Process.
- Formulae and recipes should be made available to the next care provider to facilitate continuity of care if the resident were to be transferred from the pharmacy.

## References

1. BC Pharmacare. Reimbursement and Pricing Policies. Compounded Prescriptions. [5.13 Compounded Prescriptions - Province of British Columbia \(gov.bc.ca\)](#) Accessed Jan 5, 2023.
2. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Sciences Policy; Committee on the Assessment of the Available Scientific Data Regarding the Safety and Effectiveness of Ingredients Used in Compounded Topical Pain Creams, Jackson LM, Schwinn DA, eds. *Compounded Topical Pain Creams: Review of Select Ingredients for Safety, Effectiveness, and Use*. Washington (DC): National Academies Press (US); May 13, 2020. [Compounded Topical Pain Creams: Review of Select Ingredients for Safety, Effectiveness, and Use |The National Academies Press](#) Accessed Jan 5, 2023.
3. Calgary Zone LTC Formulary Policies & Procedures: Compounded Medication Coverage (FPP-10). v. Aug 23, 2012

Calgary Zone Type A Continuing Care Home Formulary  
Pharmacy and Therapeutics Committee

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> first		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male		<input type="checkbox"/> Female	
<input type="checkbox"/> Non-binary/Prefer not to disclose (X)		<input type="checkbox"/> Unknown	

**FPP-10 Non-Formulary Drug Use / Compound Medication  
Funding Request**

Form submission is required within 3 weeks (grace period) following admission/readmission to a Type A Continuing Care Home (CCH) from hospital. For new starts at the home, form submission is required before initial drug provision.

**Processing Instructions:** Please complete the form in its entirety. Pharmacy provider emails to ISFL Type A CCH Pharmacist at:

[cc.drugmanagement@albertahealthservices.ca](mailto:cc.drugmanagement@albertahealthservices.ca) OR pharmacist/physician fax to **403-943-0232**

NEW request  TRIAL renewal  OTHER renewal

Resident Code <sup>1</sup>	Date of Birth <i>(dd-Mon-yyyy)</i>	Type A Continuing Care Home
Drug name/Compound Name (name, formulation, route):		Dose/Regimen:
Physician:	Expected Duration of Therapy:	Daily Drug Cost: <b>OR</b> Total Price of Compound:

Does the Resident have alternate funding that covers the medication?  Yes  No

If yes, please indicate reason for funding request:

**Section A - Assessment, Monitoring and Outcomes**

1.  New Request

Indication for Use/Reason for Prescribing (include references and citations used if applicable):

Relevant Medical History:

Trials of Formulary (or Non-Formulary Alternatives and Outcomes of Trials):

Expected Outcome of Therapy/Measures of Success, and Monitoring Parameters:

Additional Details (as applicable):

2.  Trial renewal – Initial trial duration:

Trial effect/Outcome/Benefit:

Previous Approval Code:

3.  OTHER renewal

Update on Resident Status/Monitoring Parameters/Other Detail:

Previous Approval Code:

**Section B - Compound Information**

**Compound Composition, ingredient details and cost \*may attach as separate sheet\***

Ingredient Name (include base)	Ingredient Strength
Total Quantity (optimized based on use & stability):	
Estimated Days' Supply:	Shelf-Life/Stability Dating:

Calgary Zone Type A Continuing Care Home Formulary  
Pharmacy and Therapeutics Committee

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male		<input type="checkbox"/> Female	
<input type="checkbox"/> Non-binary/Prefer not to disclose (X)		<input type="checkbox"/> Unknown	

Are there any commercially available alternatives (include consideration of different drug, dose, formulation with expected similar therapeutic effect)?  Yes  No

Rationale for compound funding request. Check all that apply<sup>iii</sup>.

<input type="checkbox"/>	Change in dosage form or strength of a Formulary drug
<input type="checkbox"/>	To replace a Formulary drug unavailable due to a supply issue
<input type="checkbox"/>	Contraindication or intolerance to commercially available alternative
<input type="checkbox"/>	Lack of efficacy of Formulary or commercially available alternative
<input type="checkbox"/>	Other: <sup>ii</sup>

**THIS SECTION FOR CLINICAL PHARMACIST/PHARMACY PROVIDER USE ONLY**

*Must be completed prior to submission*

Pharmacist's Name:	Phone:
Request Date:	Initial Date of Drug Provision <sup>iii</sup> :

**THIS SECTION IS FOR ALBERTA HEALTH SERVICES USE ONLY**

Outcome:		
Approval Code:	Approval type:	Date <i>(dd-Mon-yyyy)</i> :

<sup>i</sup> First four letters of surname followed by first two letters of given name

<sup>ii</sup> Compounds ineligible for coverage

- Compounds created for cosmetic purposes
- Compounds that duplicate the effect of an existing pharmaceutical product
- Compounds with unproven effects. Example: topical compounded pain preparation containing ingredients where available scientific evidence demonstrating clinical efficacy and safety is limited

<sup>iii</sup> The date the pharmacy provider started providing the drug