BACKGROUND

- Medication shortages are a never-ending issue in community pharmacies
- Strategies to get around this issue are few and far in between.
- In the community pharmacy space, non-sterile compounding is an underutilized resource in general for many of these pharmacies.
- Utilizing the previous history of a medication on the FDA shortage list that was able to be compounded, at this location, how to determine profitability and if a medication is worth pursuing for compounding.

Prerequisites

- USP 795 compounding standards
- Medication must be on the FDA medication shortage list.
- Meaning it is commercially unavailable
- Existing compounding equipment and space
- Compounding space is compliant with USP and FDA standards.

CONCLUSION

- Implementing a SWOT analysis, for each medication undergoing review.
- Used to determine further exploration into the possibility of compounding.
- Exit plan includes liquidation of assets to another compounding pharmacy/RLI, informing patients about the inability to continue the compound (transfers), contact prescribing physician.

References

USP <795>
FDA
Medisca
Non-Sterile to Sterile Compounding: An Unconventional Response During the COVID-19 Pandemic. Journal of Pharmacy Practice

Financial Analysis/Implementation and Exit plan

- There is variability in costs for each medication, and the following model is just used as an example of this process
- Comparison of non-compounded Famotidine (2021-2022) vs. compounded famotidine (2020-2021) sales in a one-year period.

Famotidine Prescriptions Sold Comparison 2020-2022

- Price breakdown per MEDISCA
  - Famotidine 100 grams = $101.00
  - Lactose 2.5 kilograms = $59.00
  - Gelatin Capsules 1000 capsules = $14.00
  - Total Costs = $174.00
  - Total Cost of Ingredients for 100 capsules = $4.46
  - Total Cost of a 30-day supply for once daily dosing = $30.00
  - Priced at $1.00 per capsule to cover time to make and package the medication.
  - 60-day supply = $35.00 | 90-day supply = $40.00

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