

# 2023 Snapshot of Pharmacy Compounding Survey

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#### **Research Team**

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### **Funding and Conflicts of Interest**

<u>Project Funding</u>: This project was supported by the Alliance for Pharmacy Compounding (**APC**)

<u>Unrelated Conflicts of Interest</u>: Dr. Mattingly discloses research funding from the Food & Drug Administration (FDA) unrelated to material presented today and **spouse** is also a full-time employee of the FDA.

Dr. Mattingly is also the founder and CEO of **Drugscope**, **Inc**. that provides data analysis and research services for Workers' compensation plans.

Dr. Mattingly has received consulting fees from Arnold Ventures, the Pharmaceutical Care Management Association (**PCMA**), and Pharmaceutical Research & Manufacturers of America (**PhRMA**) related to **drug pricing policy**. Additionally, Dr. Mattingly was an unpaid advisor to the Centers for Medicare & Medicaid Services (**CMS**) for implementation of drug pricing provisions in the Inflation Reduction Act.





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### **Objectives**

- 1. Brief overview of background and survey methods.
- 2. Review of preliminary results.
- 3. Discussion and next steps.





## **Background and Methods**

Brief review of survey objectives and methods for distribution and analysis.





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### **Survey Background and Methods**

- Last national compounding snapshot conducted in 2021 by Dr. Lance Gentry at the University of Mary Washington in Fredericksburg, Virginia.
- A research collaboration between the University of Utah, APC, Fagron, Medisca, and PCCA in the summer of 2023.
- Questions from 2021 survey were discussed and revised.
- New survey distributed in fall 2023, led by Drs. Grace LaFleur and Joey Mattingly.





### **Survey Organization**

- Section 1: Individual-level
  - We first report descriptive statistics for all survey responses.
  - Since we did not force responses for all the questions, participants had the option of leaving a question blank.
- Section 2: Owners and Partial Owners
  - We then separated out all responses from those who self-reported either full or partial ownership.
- Section 3: Pharmacy-level
  - Finally, we created a separate analysis focusing on unique pharmacy responses.





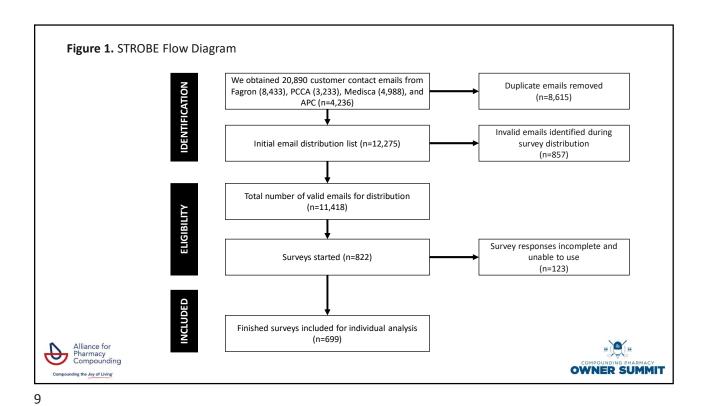
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### **Preliminary Results**

- Survey was sent to <u>12,275</u> unique email addresses provided by PCCA, Medisca, and Fagron on September 28, 2023, and additional APC contacts October 10, 2023.
- Survey was closed on November 13, 2023, with 699 completed responses, for a 6% response rate (Not every question was answered by all participants).
  - In 2021, 763 responses were used (567 from email and another 169 from flyers and APC link)
- Survey included 93 total questions.







**Preliminary Results – Individual** 

Variable (N of Completed Responses)	Count	Percentage
Role (n=578)		
Pharmacist	442	76%
Technician	103	18%
Other	33	6%
Compounding Setting (n=569)		
503A	445	78%
503B	22	4%
Both 503A and 503B	48	8%
Other	54	9%
Practice Setting (n=583)		
Independent community pharmacy	416	71%
Other	60	10%
Compounding supplier/service provider	59	10%
Veterinary pharmacy practice	36	6%
503B outsourcing facility	12	2%
Unique Pharmacy		
Yes	529	76%
No (Responses from staff from same pharmacy)	170	24%



COMPOUNDING PHARMACY
OWNER SUMMIT

### **Preliminary Results – Individual**

#### **Pharmacist Responses**

- 442 responses
- 63% male; 37% female
- Board-Certified Sterile Compounding Pharmacist (BCSCP) designation: 7%
- Owner or part-owner: 62%

#### **Technician Responses**

- 103 responses
- 24% male; 76% female
- Certified Pharmacy Technician (CPhT): 84%
- Registered Technician: 95%
- Certified Compounded Sterile Preparation Technician (CSPT): 21%





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# Issues of Concern (By % of business from compounding drugs in shortage)

### 1-20% Business includes Compounding Shortage Drugs

- N=22
- Semaglutide: 58%
- Amoxicillin suspension: 30%
- 503B Only\*
  - Ibu or APAP suspension: 16%

#### >20% Business includes Compounding Shortage Drugs

- N=138
- Semaglutide: 71%
- Amoxicillin suspension: 14%
- 503B Only\*
  - Ibu or APAP suspension: 20%





#### **Drugs Compounded on FDA Shortage List**

Belladona & Opium Suppository Methotrexate

Bupivacaine Oxytocin

Desmopressin Rifampin

Dexamethasone Sodium Phosphate Semaglutide

Dextrose 50% Sodium Bicarbonate

Diazepam Gel Sucralfate
Gentamicin Tirzepatide

Ketamine Viscous Lidocaine





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### **Owners & Partial Owner Responses**

(by % of business from compounding)

#### <15%

- N=70
- · Cash only: 35%
- Understaffed: 17%
- Hiring RPh: 46% (difficult)
- Hiring Tech: 73% (difficult)
- Offer retirement: 70%
- Health insurance: 65%

#### 15%-50%

- N=34
- Cash only: 42%
- Understaffed: 16%
- Hiring RPh: 54% (difficult)
- Hiring Tech: 71% (difficult)
- Offer retirement: 52%
- Health insurance: 68%

#### >50%

- N=120
- · Cash only: 61%
- · Understaffed: 26%
- Hiring RPh: 30% (difficult)
- Hiring Tech: 76% (difficult)
- Offer retirement: 72%
- · Health insurance: 73%





### **Pharmacy-Level Analysis**

(by % of business from compounding)

#### <15%

- N=72
- PCAB: 1%
- NABP VPP: 0%
- URAC: 0%
- Stop hazardous: 26% (Y)
- Quality (internal): 59%
- Quality (external): 45%

#### 15%-50%

- N=23
- PCAB: 18%
- NABP VPP: 5%
- URAC: 0%
- Stop hazardous: 10% (Y)
- Quality (internal): 74%
- Quality (external): 79%
- Develop Formulation: 57%
   Develop Formulation: 60%

#### >50%

- N=96
- PCAB: 27%
- NABP VPP: 11%
- URAC: 3%
- Stop hazardous: 5% (Y)
- Quality (internal): 79%
- Quality (external): 92%
- Develop Formulation: 92%





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### **Compounding Formula Development**

- Has your pharmacy developed its own formulations? (N=215)
  - Yes = 77%
- Where does your pharmacy get its formulations? (Select all)
  - Supplier / distributor = 93%
  - We develop our own = 69%
  - USP Monographs = 47%
  - IJPC = 46%
  - Pharmacy compounding software = 36%





### **Compounding Policy & Advocacy**

#### **Organization Engagement**

Membership

• State association: 67%

APC: 41%NCPA: 33%APhA: 31%ACA: 10%

Events

Vendor webinars: 40%PCCA events: 37%



Wholesaler: 62%NCPA: 58%APhA: 49%ASHP: 26%

**Reliance for Advocacy** 

compounding issues?

State Association: 74%

 What organization do you rely on for policy and advocacy related to





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### **Limitations (Lessons learned)**

- In addition to the email blasts, we'd like to work on better recruitment strategies (Thoughts from audience?)
- Should we have a different recruitment strategy for 503B?
- Open-ended questions were difficult to analyze, particularly when we wanted to evaluate things like "% of business"
- Need to develop a better way of doing a "pharmacy-level" analysis, because it is difficult to assess multiple responses from same pharmacy





### **Next Steps**

- Finalize report with APC and collaborate on APC communications
- Draft peer-reviewed manuscript for select questions; ideally we would submit the paper to JAPhA
- Develop a clean, blinded dataset for use by other partners





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### **Contact Information**

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