

Uses, Common Types, and Costs of Compounded
Topical Pain Creams

and

Patient Preferences Regarding Compounded
Topical Pain Creams

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Our Research

1. Timothy B. McPherson, Patrick E. Fontane, Kelsey D. Jackson, Kathleen S. Martin, Tricia Berry, Rasma Chereson, and Rhonda Bilger. Prevalence of Compounding in Independent Community Pharmacy Practice. Journal of the American Pharmacists Assoc. 2006;46:568.
2. Valerie Yancey, Richard Yakimo, Anne Perry, and Timothy McPherson. Perceptions of pharmaceutical care among pharmacists offering compounding services. Journal of the American Pharmacists Assoc. 2008;48:508.
3. Timothy McPherson and Patrick Fontane. Patient-centered care in the community-based compounding practice setting. Journal of the American Pharmacists Assoc. 2010;50:37.
4. Timothy McPherson, Patrick Fontane, Reethi Iyengar, Rochelle Henderson. Utilization and Costs of Compounded Medications for Commercially Insured Patients, 2012-2013. Journal of Managed Care and Specialty Pharmacy 2016;22:172-81
5. Timothy McPherson, Patrick Fontane, Rhonda Bilger. Patient Experiences with Compounded Medications. Journal of the American Pharmacists Assoc., submitted. Supported by Focus Script LLC.

Compounded Products Are Used to Treat a Variety of Medical Conditions

1. Bioidentical hormone replacement therapy (50%)
2. Topical pain creams (23%)
3. Thyroid disorders (6%)
4. Sinus/nasal conditions
5. Infections
6. Other
 - Dermatologic conditions
 - Migraine
 - Erectile dysfunction
 - Lupus
 - Gastrointestinal conditions

Compounded Topical Pain (CTP) Cream Users

- N=107
- Respondents represented 17 states
- 77% female
- Age 35 – 96, average 67 years
 - Approximately 80% of users between 48 – 83 years
- 79% considered themselves to be in fair or good health
- 86% of CTP users indicated that the prescribing physician was the first person to suggest using a compounded medication

Duration of CTP Use

Statistic	Months
Range	0 - 48
25 th %ile	1
Mean	8
75 th %ile	12

Uses for CTP

- Arthritis pain – 29%
 - Foot, knee, hip
- Non-specified pain – 26%
 - Foot, knee, hip, shoulder, back, neck
- Neuropathic pain or neuralgia – 12%
 - Post-herpetic, post-surgical, or diabetic
- 56% of respondents used CTP in addition to other medications
- CTP has been widely used in workers compensation patients

Some Drugs Commonly Used in CTP

- Gabapentin
- Baclofen
- Cyclobenzaprine HCl
- Ketamine
- Diclofenac Na
- Flurbiprofen
- Lidocaine
- Bupivacaine HCl
- Amitriptyline
- Combinations of up to 6 drugs within the same product
 - 3, 4, and 5 drug combinations were the most common

Cream Bases for CTP

- Proprietary formulas for transdermal delivery
 - Versabase[®] (PCCA)
 - Pracasil-Plus[®] (PCCA)
 - Lipoderm[®] (PCCA)
 - Pentravan[®] (Fagron)
 - Transdermal Pain Base [®] (Medisca)

Pain

★ For All Pain Formulas

- Dispense: 60 grams (may increase quantity once patient established)
- SIG: apply 1-2 grams to affected area (rub in well for 1 minute) 3-4 times per day PRN
- Ketamine is a controlled substance (schedule III) → max of 5 refills

★ Inflammatory Pain

- Ketoprofen 10% in Lipoderm
 - 60 grams = \$55
- Piroxicam 5% in Lipoderm
 - 60 grams = \$65

★ Musculoskeletal Pain

- Pain MSK #1
 - Cyclobenzaprine HCl 2% / Ketoprofen 10% in Lipoderm
 - 60 grams = \$65
- Pain MSK #2
 - Guaifenesin 10% / Magnesium Sulfate Heptahydrate 10% in Lipoderm
 - 60 grams = \$55

★ Neuropathic Pain (General)

- Pain Neuro #1
 - Baclofen 10% / Ketoprofen 10% / Lidocaine 10% in Lipoderm
 - 60 grams = \$80
- Pain Neuro #2
 - Baclofen 2% / Clonidine HCl 0.2% / Gabapentin 10% / Ketamine 5% in Lipoderm
 - 60 grams = \$100
- Pain Neuro #3
 - Amitriptyline HCl 2% / Clonidine HCl 0.01% in Lipoderm
 - 60 grams = \$55
- Pain Neuro #4
 - Amitriptyline HCl 2% / Clonidine HCl 0.2% / Gabapentin 5% / Ketamine 5% / Ketoprofen 5% in Lipoderm
 - 60 grams = \$85
- Pain Neuro #5
 - Amitriptyline HCl 2% / Diclofenac Na 5% / Gabapentin 5% in Lipoderm
 - 60 grams = \$75
- Pain Neuro #6
 - Amitriptyline HCl 2% / Baclofen 3% / Ibuprofen 10% / Lidocaine 5% in Lipoderm
 - 60 grams = \$60

★ Neuropathic Pain (Diabetic)

- Pain Neuro DM #1
 - Nifedipine 2% / Pentoxifylline 5% in Lipoderm
 - 60 grams = \$65
- Pain Neuro DM #2
 - Clonidine HCl 0.2% / Gabapentin 6% / Ketamine 10% / Nifedipine 2% in Lipoderm
 - 60 grams = \$95

Form distributed
by a local
pharmacy
physician offices in
February 2019

Costs of CTP

- Two types of cost data
 - Patient-reported out of pocket cost, irrespective of insurance coverage
 - Our 2017 patient survey data
 - Ranking of aggregate annual costs to insurers
 - Express Scripts database - JMCP 2016 paper
 - Large pharmacy benefit manager and mail order pharmacy
 - Data reflect patients with commercial insurance coverage (no worker's compensation, Medicare/Medicaid, or TriCare claims)

Out of Pocket Cost Reported by CTP Users

- Costs are not normalized to days supply

Statistic	All Responses	Insured	No Insurance
Mean	\$24	\$16	\$48
Median	\$10	\$7	\$50
25 th %ile	\$1	\$1	\$19
75 th %ile	\$40	\$17	\$70
Number of responses	103	76	25

Average Out of Pocket Cost for CTP was Similar to Non-Compounded Prescriptions

Statistic	All CTP Users	Insured	No insurance
Mean	\$24	\$16	\$48
Median	\$10	\$7	\$50

- Average out of pocket cost for all prescriptions for insured patients in 2017: \$28
M Aitken. Medicine Use and Spending in the U.S. A Review of 2017 and outlook to 2022. <https://www.iqvia.com>
- Average cash price for a non-insured prescription in the US in 2017: \$68
Kaiser Family Foundation. Health costs and budgets - prescription drugs. <https://www.kff.org/>
- Prices listed on local pharmacy CTP form ranged \$55 - \$100

Costs of CTP from Insurance Claims Data

Demographics for 2013

TABLE 1 Demographic Data			
	2012	2013	Change
Eligible members	22,314,101	22,745,508	431,407 (1.9%)
Prescription medication users	14,960,649	15,110,518	149,869 (1.0%)
Prevalence of prescription medication users (%)	67.0	66.4	-0.9
Average age, years (SD)	36.9 (20.7)	36.8 (20.6)	-0.1 yr
Female	11,508,347	11,713,474	1.8%
Percent female	51.6	51.5	-0.2
Compound users	245,285	323,501	78,216 (31.9%)
Prevalence of compound users (%)	1.1	1.4	27.3
Average age, years (SD)	41.8 (21.3)	42.3 (21.1)	0.5 yr
Female	162,471	212,590	30.8%
Percent female	66.2	65.7	-0.8

SD = standard deviation.

CTP Drugs Led the Most Frequently Compounded Ingredients for Adults in 2013

- Ranked by number of compounded claims the drug appeared in

TABLE 3 Ten Most Frequently Compounded Drugs by User Age and Sex, 2013

Rank	<10 Years		10-19 Years		20-29 Years		30-39 Years	
	F	M	F	M	F	M	F	M
1	Omeprazole	Omeprazole	Baclofen	Baclofen	Baclofen	Baclofen	Gabapentin	Gabapentin
2	Lansoprazole	Lansoprazole	Cyclobenzaprine HCl	Cyclobenzaprine HCl	Gabapentin	Cyclobenzaprine HCl	Progesterone	Baclofen
3	Enalapril maleate	Enalapril maleate	Gabapentin	Lidocaine HCl viscous	Cyclobenzaprine HCl	Gabapentin	Baclofen	Cyclobenzaprine HCl
4	Nystatin	Oseltamivir	Lidocaine HCl viscous	Methylcobalamin	Ketamine HCl	Ketamine HCl	Cyclobenzaprine HCl	Ketamine HCl
5	Oseltamivir	Hydrocortisone	Diclofenac sodium	Salicylic acid	Diclofenac sodium	Diclofenac sodium	Ketamine HCl	Diclofenac sodium
6	Hydrocortisone	Nystatin	Salicylic acid	Gabapentin	Progesterone	Lidocaine	Diclofenac sodium	Lidocaine
7	Zinc oxide	Zinc oxide	Lidocaine	Diclofenac sodium	Lidocaine	Lidocaine HCl viscous	Lidocaine	Bupivacaine HCl
8	Ursodiol	Baclofen	Hydrocortisone	Omeprazole	Bupivacaine HCl	Flurbiprofen	Bupivacaine HCl	Flurbiprofen
9	Atenolol	Spironolactone	Ketamine HCl	Lidocaine	Flurbiprofen	Bupivacaine HCl	Flurbiprofen	Lidocaine HCl
10	Baclofen	Triamcinolone acetonide	Bupivacaine HCl	Ketamine HCl	Lidocaine HCl	Lidocaine HCl	Testosterone	Testosterone
Rank	40-49 Years		50-59 Years		60-69 Years		≥ 70 Years	
	F	M	F	M	F	M	F	M
1	Progesterone	Baclofen	Progesterone	Gabapentin	Progesterone	Gabapentin	Gabapentin	Gabapentin
2	Gabapentin	Gabapentin	Estradiol	Baclofen	Estradiol	Baclofen	Baclofen	Baclofen
3	Baclofen	Cyclobenzaprine HCl	Testosterone	Cyclobenzaprine HCl	Gabapentin	Cyclobenzaprine HCl	Cyclobenzaprine HCl	Cyclobenzaprine HCl
4	Cyclobenzaprine HCl	Ketamine HCl	Gabapentin	Testosterone	Baclofen	Testosterone	Diclofenac sodium	Diclofenac sodium
5	Testosterone	Diclofenac sodium	Baclofen	Ketamine HCl	Testosterone	Ketamine HCl	Ketamine HCl	Ketamine HCl
6	Estradiol	Testosterone	Cyclobenzaprine HCl	Diclofenac sodium	Cyclobenzaprine HCl	Diclofenac sodium	Lidocaine	Testosterone
7	Ketamine HCl	Lidocaine	Estriol	Lidocaine	Diclofenac sodium	Lidocaine	Bupivacaine HCl	Lidocaine
8	Diclofenac sodium	Bupivacaine HCl	Diclofenac sodium	Bupivacaine HCl	Ketamine HCl	Bupivacaine HCl	Progesterone	Bupivacaine HCl
9	Lidocaine	Flurbiprofen	Ketamine HCl	Flurbiprofen	Estriol	Flurbiprofen	Lidocaine HCl	Lidocaine HCl
10	Bupivacaine HCl	Lidocaine HCl	Lidocaine	Lidocaine HCl	Lidocaine	Lidocaine HCl	Estradiol	Triamcinolone acetonide

F = female; HCl = hydrochloride; M = male.

CTP Drugs Led the Most Expensive Compounded Ingredients for Adults in 2013

- Rank by total cost billed, i.e. Number of claims x ingredient cost

TABLE 4 Ten Most Expensive Ingredients in Compounded Medications by User Age and Sex, 2013

Rank	<10 Years		10-19 Years		20-29 Years		30-39 Years	
	F	M	F	M	F	M	F	M
1	Oseltamivir	Oseltamivir	Gabapentin	Gabapentin	Gabapentin	Gabapentin	Gabapentin	Gabapentin
2	Lansoprazole	Omeprazole	Fluticasone propionate	Fluticasone propionate	Fluticasone propionate	Ketamine HCl	Ketamine HCl	Ketamine HCl
3	Fluticasone propionate	Lansoprazole	Flurbiprofen	Flurbiprofen	Ketamine HCl	Flurbiprofen	Fluticasone propionate	Flurbiprofen
4	Omeprazole	Methylcobalamin	Ketamine HCl	Ubiquinol	Flurbiprofen	Fluticasone propionate	Flurbiprofen	Fluticasone propionate
5	Sildenafil	Leucovorin calcium	Custom Lipo-Max	Ketamine HCl	Custom Lipo-Max	Custom Lipo-Max	Custom Lipo-Max	Testosterone
6	Tacrolimus	Sildenafil	Cyclobenzaprine HCl	Custom Lipo-Max	Pracasil Plus	Cyclobenzaprine HCl	Cyclobenzaprine HCl	Cyclobenzaprine HCl
7	Nystatin	Ubiquinol	Pracasil Plus	Cyclobenzaprine HCl	Cyclobenzaprine HCl	Baclofen	Pracasil Plus	Custom Lipo-Max
8	Pracasil Plus	Sodium bicarbonate	Baclofen	Oseltamivir	Baclofen	Lipoderm base	Baclofen	Baclofen
9	Baclofen	Tacrolimus	Lipoderm base	Pracasil Plus	Mometasone furoate	Pracasil Plus	Lipoderm base	Lipoderm base
10	Sodium bicarbonate	PCCA-Plus	Oseltamivir	Baclofen	Lipoderm base	Mometasone furoate	Bupivacaine HCl	Ethoxy diglycol
Rank	40-49 Years		50-59 Years		60-69 Years		≥70 Years	
	F	M	F	M	F	M	F	M
1	Gabapentin	Gabapentin	Gabapentin	Gabapentin	Gabapentin	Gabapentin	Gabapentin	Gabapentin
2	Ketamine HCl	Ketamine HCl	Ketamine HCl	Ketamine HCl	Ketamine HCl	Ketamine HCl	Ketamine HCl	Ketamine HCl
3	Flurbiprofen	Flurbiprofen	Flurbiprofen	Flurbiprofen	Flurbiprofen	Flurbiprofen	Flurbiprofen	Flurbiprofen
4	Fluticasone propionate	Custom Lipo-Max	Custom Lipo-Max	Custom Lipo-Max	Custom Lipo-Max	Custom Lipo-Max	Custom Lipo-Max	Custom Lipo-Max
5	Custom Lipo-Max	Cyclobenzaprine HCl	Cyclobenzaprine HCl	Cyclobenzaprine HCl	Cyclobenzaprine HCl	Cyclobenzaprine HCl	Cyclobenzaprine HCl	Cyclobenzaprine HCl
6	Cyclobenzaprine HCl	Fluticasone propionate	Fluticasone propionate	Baclofen	Baclofen	Baclofen	Baclofen	Baclofen
7	Baclofen	Baclofen	Baclofen	Testosterone	Fluticasone propionate	Alprostadil	Lipoderm base	Lipoderm base
8	Lipoderm base	Testosterone	Lipoderm base	Lipoderm base	Lipoderm base	Lipoderm base	Ketoprofen	Ketoprofen
9	Pracasil Plus	Lipoderm base	Progesterone	Fluticasone propionate	Progesterone	Testosterone	Diclofenac sodium	Testosterone
10	Progesterone	Ethoxy diglycol	Diclofenac sodium	Bupivacaine HCl	Mometasone furoate	Fluticasone propionate	Bupivacaine HCl	Diclofenac sodium

F = female; HCl = hydrochloride; M = male.

Compounded Claim Costs Spiked in 2014 but Have Decreased Since 2015

- Data refer to all compounded claims, not only CTP
- 2013 – Compounded claims cost approx. \$20* per member.
Average ingredient cost was \$308 per compounded claim.
*Estimated from data in Drug Trend Report and JMCP 2016
- 2014: Compounded claims cost \$46.04 per member.
Average ingredient cost was \$701 per claim.
Compounded Rx were the drug class with 3rd highest cost.
- 2015: Compounded Rx cost \$20.62 per member.
Cannot estimate ingredient cost per claim.
Compounded Rx were the drug class with 9th highest cost.
- 2016, 2017: Compounded Rx not in top 15 most expensive drug classes

Patient Preferences for Manufactured versus Compounded Prescriptions

- Three indicators of patient perceptions of CTP
 - Reasons for using a compounded product
 - Satisfaction with CTP
 - Satisfaction with CTP as compared to previous products used for the same condition

Why did you and your physician decide to use this compounded medication? Please mark all that apply.

Reason	% of CTP Users
I don't know - my physician made the decision for me	48
Previous medications failed to provide relief from my medical condition	40
Previous medications caused significant side effects	20

CTP User Satisfaction with the Compounded Product

Indicate your level of satisfaction with:	Very Dissatisfied (%)	Somewhat Dissatisfied (%)	Somewhat Satisfied (%)	Very Satisfied (%)
Relief from the medical condition	3	5	39	53
Overall satisfaction	7	10	23	60
Out of pocket cost	2	3	29	66

n = 99-101 per item

CTP User Satisfaction with the Compounded Product as Compared to Previous Medications

CRx = compounded product

How does the CRx compare to previous medications in terms of:	CRx Much Worse (%)	CRx Somewhat Worse (%)	CRx About the Same (%)	CRx Somewhat Better (%)	CRx Much Better (%)
Relief from the medical condition	0	2	11	40	47
Side effects	0	3	16	7	74
Out of pocket cost	11	6	22	20	41

n = 68-83 per item

Demand for CTP is Projected to Increase Through 2025

- Global Market Insights projects an increasing market for compounded medications in general through 2025.
- Steady growth in pain management market is also predicted

<https://www.gminsights.com/industry-analysis/us-compounding-pharmacies-market>



Thoughts on Safety and Efficacy of CTP

- We are not qualified to comment on safety or efficacy of CTP
- Most CTP users were somewhat or very satisfied with relief from their medical condition
- Cline and Turrentine review found mixed results for single agent and combination pain products
Dermatitis 2016;27;263-271.
- Brutcher et al RCT found no benefit of CTP over 3 months in patients with neuropathic, nociceptive, or mixed pain.
Ann Intern Med doi:10.7326/M18-2736
Author-stated limitations:
 - Single CTP formulation per group
 - Diversity of pain conditions

What specific recommendations (if any) would you like to see come from the committee's report?

- Consider recommending a prioritized research agenda to address questions that are not answered with available data
 - Why do prescribers choose CTP?
 - Can an in vitro assay predict efficacy of CTP?
 - Drug transport through porcine skin in a Franz cell is the traditional model
 - A model for assessing drug combinations would be useful

Thank You