Alliance for Pharmacy Compounding

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Best Practices for Preparing and Dispensing Compounded Ketamine by Pharmacies

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This document is not specific to particular indications or dosage forms for compounded ketamine, and it is not intended to be an exhaustive statement on the practice of compounding ketamine. It should not be relied upon as advice. Pharmacies should seek legal counsel before compounding ketamine.

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The Alliance for Pharmacy Compounding supports the responsible compounding and dispensing of ketamine products by pharmacies pursuant to a prescription.

Compounded ketamine therapy presents a viable alternative for patients grappling with conditions resistant to FDA-approved treatments, and yet is not and should not be a first-line therapy. Pharmacists must also recognize that ketamine is a controlled substance medication with risks of addiction, abuse, and diversion. Diligence is essential to ensure the responsible use and safeguard against misuse of these therapeutic options.

These best practices apply to the following circumstances in which manufactured ketamine is prescribed or administered off label and when compounded ketamine is being prescribed and/or administered off-label for certain indications:

1. Commercially available intravenous/intramuscular or compounded IV/IM ketamine administered in-clinic to a specific patient for the treatment of a specific, legitimate medical indication. (The patient is monitored for potential adverse effects by a practitioner during the treatment.)
2. Compounded ketamine nasal sprays, rapid dissolve tablets, troches, suppositories, or other dosage forms prescribed and dispensed to a specific patient for the treatment of a specific, legitimate medical indication.

Pharmacist Legal Obligations

- Know DEA controlled substance laws and controlled substance laws in the individual state where the drug is dispensed, as well as current federal and state regulations regarding controlled substance prescribing if working with telehealth providers.
- Understand a pharmacist's corresponding responsibility when dispensing controlled substance prescriptions.
- Determine whether, under state law, controlled substance prescriptions require a signature upon delivery, and comply accordingly.

Diversion Concerns

- Utilize Prescription Drug Monitoring Programs (PDMPs) to review the patient's prescription history and identify any signs of misuse or diversion. The PDMP should be checked at every filling of the prescription.
- Record all controlled substances dispensed, including ketamine, in the appropriate states' Prescription Drug Monitoring Program.
- Conduct thorough patient and prescriber verification to ensure legitimacy and appropriateness of the prescription. Verify a legitimate patient-prescriber relationship exists. Know your patient and your prescriber. Consider the prescriber's scope of practice when evaluating the validity of the prescription.
- Exercise extreme caution with high volumes, multiple refills, or early-refill requests, and always investigate further if these patterns are observed.
- Monitor the pharmacy's inventory of ketamine API and any anticipatorily compounded ketamine products for any potential discrepancies, and investigate immediately if an irregularity is discovered.

Dosing Limits

- Evaluate each prescription carefully, adhering to these best practices, and in light of the pharmacist's corresponding responsibility.
- Establish appropriate dosing considerations for ketamine based on clinical guidelines, available evidence, and knowledge of the patient's specific needs.
- Use professional judgment, clinical literature, and communication with the prescriber when assessing dosing for each condition, considering individual patient factors and treatment goals. Do not utilize arbitrary limits.

Dosage Forms

- Consider utilizing alternative dosage forms, such as capsules containing abuse-deterrent excipients, to enhance safety.
- Consider dispensing all ketamine products in a child-resistant container, even if the resident state does not require it, to prevent inadvertent access to the medication by children or pets.

Documentation

- Properly document all aspects of the compounding and dispensing process, particularly for dosages higher than your pharmacy's normal dispensing for ketamine, unusual directions for use, or dosing escalations, to ensure accountability and traceability.
- Document drug-drug interactions, early-refill conversations with providers, and anything that may constitute a "red flag," along with everything else that must be documented during the drug utilization review process.

Patient Education

- Provide comprehensive counseling to patients on the proper use, potential side effects, and safety precautions for ketamine therapy. They may include written and verbal communication.
- Supply written educational materials to reinforce key points and serve as a reference for patients.

- Educate the patient on side effects of ketamine, emphasizing restrictions on driving or combining with other medications or alcohol.

Constructive Transfer

- Adhere to the regulatory requirements for constructive transfer, ensuring that patient-specific compounded ketamine prescriptions are delivered directly to the patient or their authorized agent, rather than to the prescriber/prescriber's office.
- Understand that if a controlled drug is prescribed for a specific patient and the prescriber directs it to delivered for administration in their office, the DEA has indicated it could use enforcement discretion** if the pharmacy dispenses only a single dose.

Ketamine Onboarding Checklist for 503B Wholesaling

- Implement a comprehensive onboarding checklist for 503B pharmacies distributing compounded ketamine injectables directly to a prescriber for in-office administration, including requirements for ordering ketamine, documentation protocols, and training resources.
- If a physician alters ordering practices, request injection logs or other documentation from the physician to facilitate proper administration and monitoring of ketamine therapy.
- Ensure compliance with DEA regulations for purchasing and distributing controlled substances, including monitoring purchasing patterns to identify any suspicious or unusual activity.

By incorporating these best practices into the dispensing process, pharmacies can help mitigate the risk of diversion, ensure proper use of compounded ketamine, and maintain regulatory compliance.

*** This linked letter from DEA on constructive transfer (sending a single dose of a controlled substance to the prescriber's office) from 2016 is the current thinking from DEA and, as the letter notes, does not carry the weight of law. Consult your attorney before engaging in this practice.*

The Alliance for Pharmacy Compounding is the voice for pharmacy compounding, representing more than 500 compounding small businesses – including compounding pharmacists and technicians in both 503A and 503B settings – as well as prescribers, educators, researchers, and suppliers.

In traditional compounding, pharmacists create a customized medication, most often from pure ingredients, for an individual patient pursuant to a prescription. Pharmacists' ability to compound medications from pure ingredients is authorized in federal law and for good reason: Manufactured drugs don't come in strengths and dosage forms that are right for everyone, and prescribers need to be able to prescribe customized medications when, in their judgment, a manufactured drug is not the best course of therapy for a human or animal patient.

Every day, APC members play a critical role in patients' lives, preparing essential, custom medications for a range of health conditions, including autism, oncology, dermatology, ophthalmology, pediatrics, women's health, animal health, and others.