

# Submission & eligibility guidelines for compounds

## Ineligible compounds

- A commercial product is available in the same strength
- The primary medicinal ingredient is not covered under the plan member's plan
- Natural products
- Homeopathic products
- The product is for cosmetic use
- The product contains an ineligible base/ingredient (see lists below for ineligible drugs and ineligible bases) or is in an ineligible format

**Ineligible bases, ingredients and formats:** The following chemicals/drugs/ formats are not eligible on any of our plans, even if combined with a prescription-requiring medication or with a product considered to be an eligible benefit.

Ineligible bases (In addition, all bases with an SPF rating are deemed ineligible)		
Alpha hydroxy acid	Formula 405	Noxzema product line
Alpha hydroxy serum	GlyDerm	Ombrelle product line
Aminophylline thigh cream	Glyquin	Pond's product line
Aveeno skin brightening	Hyaluronic acid complex cream	Porcelana
Aveeno SPF products	Kinerase	Rejuva
Benoquin (Monobenzone) (Benzoquin)	La Roche Posay product line	Renova
Biobase-G	LubriDerm SPF products	Reversa product line
Biotherm product line	Lustra product line	Solage
Dermophil lotion	M.D. Forte	Solaquin
Dilusol AHA	Marcelle product line	Ultraquin
Dormer 211 SPF	NeoStrata product line	Vichy product line
Eldopaque	Neutrogena product line	Viquin Forte
Eldoquin	Nivea product line	Vitamin E base

Ineligible ingredients		
Chlorhydroquinone	Lipoic acid	Topical triamcinolone (when mixed with distilled water & alcohol)
Glycolic acid	Mandelic acid	Topical vitamin K
Hydroquinone	Retinol	Yohimbine
Kojic acid	Titanium dioxide	Acetyl mandelic acid
Minoxidil	Hyaluronic acid/ sodium hyaluronate	

## Ineligible forms/formats

Regardless of the drugs or chemicals added, compounds made into the following dosage forms (but not limited to those listed) are not eligible under all plans:

Gummies	Slow release products	Troches
Lollipops	Sustained release products	
Lozenges	Timed release products	

An ineligible ingredient/base/form may be covered by individual cardholder by exception only. Please confirm with the plan member if they have received approval for a specific compound (PIN will be provided to the plan member by their insurance carrier).

## Eligible compounds

Compounds are eligible if the primary medicinal ingredient is covered on the cardholder's plan.

**Important:** Even though an eligible prescription requiring DIN/PIN may be accepted online, if it has been added to a compound containing an ineligible ingredient or base or is in an ineligible format, the compound will be deemed ineligible and charge backs will apply.

**Comprehensive TELUS Health compound PINs**

<b>PIN</b>	<b>Full name</b>	<b>Complete eligibility criteria (primary medicinal ingredient)</b>
00991186	Topical salicylic acid (40% or greater)	Concentrations 40% or greater
00991187	Topical antibiotics	Clindamycin Erythromycin Metronidazole Neomycin Amikacin Cefazolin Vancomycin Gentamycin Tobramycin
00991188	Compounded corticosteroid	Hydrocortisone (greater than 1%) Betamethasone Clobetasol Desonide Dexamethasone Triamcinolone
00991189	Compounded fertility treatment	Clomiphene citrate Metformin Progesterone (if suppository – PIN 00990054)
00990054	Compounded fertility treatment – progesterone suppositories	Progesterone suppositories
00991190	Compounded skin treatments	Containing coal tar/LCD (10% or greater) Sulfur (8% or greater) Doxepin Lactic acid (>17%) Methchlorethamine Sucralfate Sulfacetamide Thiabendazole Urea Verapamil
00991191	Topical pain treatments <b>(with or without narcotic)</b>	Phenytoin Gabapentin Clonidine Amitriptyline Amantadine Cyclobenzaprine Baclofen Pregabalin
00991192	Topical pain treatments <b>(narcotic primary ingredient)</b>	Morphine Oxycodone Methadone Codeine
00991193	Compounded antifungal	Ciclopirox Itraconazole Ketoconazole Clotrimazole Nystatin Miconazole
00991194	Intranasal compounds	Hydroxycobalamin Mupirocin Oxytocin Wilson's solution (gentamycin in saline) Methylprednisolone
00991195	Compounded suppositories	Diazepam Codeine Morphine Baclofen
00991196	Wart treatment	Cantharidin (>0.7%)

00991197	Other eligible compounds	Diltiazem Nifedipine Glutaraldehyde (10% or greater) Dimercaprol Folic acid (>1mg) Phenazopyridine Disulfiram Demeclocycline Acetyl-L-carnitine, comoglicic acid (>2%) Magic mouthwash Neomycin
Call pharmacy support centre	Backorder – compounding	To be used when compounding a commercially available product when it is on back order. The DIN of the commercially available product must be a benefit on the members plan in order to compound it in the case of a backorder. Documentation of the backorder must be kept on file.
00999984	Topical nsaid	Diclofenac Ibuprofen Indomethacin Ketoprofen Naproxen Meloxicam Piroxicam Celecoxib Flurbiprofen
00900669	Invasive erectile dysfunction (bimix/trimix)	Papaverine (+/- prostaglandin) Phentolamine (+/- prostaglandin)
90800233	Hormone replacement therapy – progesterone	Progesterone for HRT
00990111	Hormone replacement therapy – estrogen	Estrogen (estriol/estrone/estradiol) for HRT
90800234	Hormone replacement therapy – testosterone	Testosterone for HRT
Call pharmacy support centre	Compound not eligible for provincial COB	To be used for compound claims which are eligible benefits under the TELUS Health compounding policy but which do not qualify under the provincial plan. Documentation must be kept on file with rationale of why this compound is <b>NOT</b> covered by the provincial plan but is eligible under the TELUS compound policy.
Call pharmacy support centre	PSHCP compound PIN	For PSHCP plan members – If the prescribed compound is deemed ineligible under the TELUS Health compound policy, please call the TELUS Health Assure Claims pharmacy support centre for verification of PSHCP eligible compounds.
Call pharmacy support centre	Custom dose compounds (using raw ingredients)	Example: fluoxetine, omeprazole, naltrexone, T3/T4 liothyronine/levothyroxine, desiccated thyroid.  Please note, the above are examples only and not the exhaustive list of eligible ingredients. Eligibility will be based on coverage of the commercially available strength.  Please call the TELUS Health Assure Claims pharmacy support centre to verify eligibility of the commercially available strength.



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