

Initial Prior Authorization Compounded Drug Products

Coverage Criteria

Authorization may be granted for compounded drug products when ONE of the following criteria is met:

- The request is for ANY of the following: Intravenous (IV) injections or infusion; Anti-infective for injectable use [NOTE: Examples of anti-infectives may include antibacterials, antivirals, antifungals]; Total parenteral nutrition (TPN); Leuprolide acetate for infertility in a patient unable to utilize the FDA-approved commercially available product (1 mg per 0.2 mL kit); Pyrimethamine; Sirolimus for tuberous sclerosis, where other dermatological treatments (e.g., laser therapy, surgery, dermabrasion) are inappropriate
- The request is for tacrolimus (Prograf) or everolimus (Zortress) for a patient receiving a transplant
- Each of the active ingredients in the compound are FDA-approved drugs and ALL of the following are met: [NOTE: Examples of products that typically do not get FDA-approval include bulk ingredients, dietary supplements, vitamin and mineral products, botanical or herbal products, amino acid products, enzyme supplements]
 - Each of the active ingredients in the compound are FDA-approved for the indication for which the compound is being prescribed
 - The compound route of administration (ROA) is the same as the FDA-approved route of administration for each active ingredient [NOTE: Examples of ROAs include mucosal, oral, parenteral (by injection), inhalation, topical/dermal.]
 - The dosage or concentration of each active ingredient in the compound is equal to or below the FDA-approved dosage or concentration
 - The request is NOT for a topical compound or a topical compound kit for use on skin (e.g., cream, gel, lotion, ointment)
 - The compound is NOT intended for anti-aging or cosmetic use, or is NOT a compound kit, or does NOT contain a bulk powder or dietary supplement
 - The request is NOT for a hormone therapy compound for menopause or for androgen decline due to aging, (e.g., testosterone, estrogen, progestin, bioidentical hormone)
 - Coverage is provided for additional fills of the compounded drug if the patient needs more than 1 fill per month (necessity may include continuation of antibiotic therapy, stability is less than a month, dose adjustment)

Reference number(s)
1114-A

- The patient meets ONE of the following:
 - There is a current supply shortage of the commercially manufactured product
 - The patient has a medical need for a dosage form or dosage strength that is not available commercially or manufactured
 - The patient had an intolerance or contraindication to the commercially manufactured product (examples may include allergen or adverse effects due to inactive ingredients)
 - The commercial product has been discontinued by the pharmaceutical manufacturer for reasons other than lack of safety or effectiveness

Duration of Approval (DOA)

- 1114-A:
 - tacrolimus (Prograf) or everolimus (Zortress) for a patient receiving a transplant: 12 years of age or older DOA: 36 months; less than 12 years of age DOA: up to 12 years of age
 - Other drugs and indications: DOA 6 months

References

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