



PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

NEXT REVIEW DATE: 4TH QTR 2012

ORIGINAL EFFECTIVE DATE: 1/01/2012  
LAST REVIEW DATE: 11/14/2011  
LAST CRITERIA REVISION DATE: NA  
ARCHIVE DATE:

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## Compounded Medication

1-01-2012

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Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Pharmacy Coverage Guideline must be read in its entirety. The guideline is not a guarantee of coverage.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational & thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Pharmacy Coverage Guidelines are subject to change as new information becomes available. The guideline in effect on the date of service will determine coverage.

For purposes of this Pharmacy Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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### Description:

Compounded medications are medications that contain at least one FDA-approved component and are custom-mixed by a pharmacist. Compound prescriptions are only available through the retail pharmacy benefit. Compounded prescriptions are not available through the mail order pharmacy benefit.

Precertification is required for compounded medications \$150.00 or more; this dollar amount is subject to change at any time without notice. The dispensing pharmacist may submit a Precertification Request Form for Compounded Medication to BCBSAZ, available at <http://www.azblue.com/content/Precertification-Forms.aspx>.

### Precertification:

Precertification\* for Compounded Medications is required for members with a Blue Cross Blue Shield of Arizona (BCBSAZ) retail pharmacy prescription benefit. Medications requiring precertification are identified on the following list located on the Internet at <http://www.azblue.com/pdfs/medications/pharmacy/QList.pdf>.

*"Prescription Limitations and Precertification Requirements for Retail and Mail Order Prescriptions"*

This list may also be requested by calling (602) 864-4273 or (800) 232-2345, ext. 4273.

Please refer to this list for other prescription claim limitations where applicable.

Some large (100+) benefit plan groups may customize certain benefits, including adding or deleting precertification requirements.



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All applicable benefit plan provisions apply, e.g., waiting periods, limitations, exclusions, waivers and benefit maximums.

## **Compounded Medications (cont.)**

### **Criteria:**

- Under the member's BCBSAZ retail pharmacy prescription benefit, approval of a compounded medication of \$150.00 or more will require clinical review through the precertification process. The review will be based on the ingredients provided and medical necessity indicated by prescriber.

Compounded medications for all other indications not previously listed, is considered experimental or investigational based upon;

1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
2. Insufficient evidence to support improvement of the net health outcome, and
3. Insufficient evidence to support improvement of the net health outcome as much as, or more than established alternatives, and
4. Insufficient evidence to support improvement outside the investigational setting.

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### **History:**

### **Date:**

### **Activity:**

Pharmacy and Therapeutics review	0-00-2011	Adopted guideline
Director Pharmacy Mgmt review	0-00-2011	Development

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### **Criteria Revisions:**

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### **Resources:**

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