

Compounded Medications Coverage Exception/Formulary Exception Program Summary

This program applies to all BCBS MN closed plans.

BACKGROUND^{1,2} Position Summary:

- Drug compounding is defined as the process by which a pharmacist or physician combines, mixes, or alters ingredients to create a medication tailored to an individual patient's needs.
- The FDA recognizes pharmacists or physicians have traditionally engaged in extemporaneous drug compounding of reasonable quantities of drugs in response to and upon receipt of a valid prescription for an individually identified patient.
- Drug compounding may be required:
 - For preparation of a medication that has been withdrawn from the marketplace due to economic concerns, NOT safety;
 - To fit the medical needs of a patient because a medication is not commercially available in the strength required;
 - For children and other patients that cannot or have trouble swallowing and require an alternative dosage form (i.e., liquid, suppository);
 - For those patients who have sensitivity to dyes, preservatives, or fillers in commercial products and require allergy-free medications.

REFERENCES

- Federal Food and Drug Administration. Compliance Policy Guide Section 460.200 Pharmacy Compounding. May 2002. http://www.fda.gov/ora/compliance-ref/cpg/cpgdrg/cpg460-200.html Accessed September 8, 2009.
- 2. Federal Food, Drug, and Cosmetic Act. Drugs and Devices Section 353a. Pharmacy Compounding. https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelimtitle21-section353a&num=0&edition=prelim. Accessed July 6, 2021.

Effective: 11/01/2023

Compounded Medications Coverage Exception/Formulary Exception

PRIOR AUTHORIZATION CRITERIA FOR APPROVAL

Compounded Medications will be approved when ALL of the following are met:

- 1. The product contains at least one non-formulary prescription ingredient
- 2. The non-formulary prescription ingredient(s) is/are not excluded from coverage on the pharmacy benefit

AND

3. The non-formulary prescription ingredient(s) is/are FDA approved for medical use in the United States

AND

4. ALL non-formulary prescription ingredients in the compounded product are being used for an FDA approved indication (including the final route of administration)

AND

5. The compounded medication is not a copy of a commercially available FDA-approved drug product UNLESS that commercially available product is the subject of a drug shortage making it unavailable for dispensing

AND

6. If the compounded product is similar to a commercially available product, but differs in dosage, dosage form, and/or omission of dye, sweetener, flavoring, or preservative, then the requested medication is being compounded to meet a specific patient need for which an FDA approved product is not available (e.g., compounding of liquid formulations for patients unable to swallow; compounding for patients with sensitivities to dyes, preservatives or fillers; compounding of therapeutic strengths not commercially available when the dose is not above FDA labeled maximum dose)

AND

- 7. ONE of the following:
 - A. The patient has tried and failed at least three (or as many as available, if fewer than three) formulary alternatives for the diagnosis being treated with the requested agent

OR

B. The prescriber has indicated that available formulary alternatives are contraindicated, likely to be less effective, or likely to cause an adverse reaction or harm for the patient

OR

C. The prescriber has attested that the patient has been stabilized on the requested agent for a minimum of 90 days and that switching could potentially cause harm or a health risk

If the compound contains more than one non-formulary prescription ingredient listed above ALL criteria must be met for each individual ingredient. If any component does not meet the criteria, the entire compound will not be covered.

Length of Approval: 12 months for compounds containing only non-controlled substances 6 months for compounds containing at least one controlled substance

Effective: 11/01/2023