

Clinical Policy Title:	compounded medications
Policy Number:	RxA.86
Drug(s) Applied:	Compounded Medications
Original Policy Date:	02/07/2020
Last Review Date:	12/11/2025
Line of Business Policy Applies to:	All line of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. All FDA-Approved Indications (must meet all):

1. Compounded ingredients are FDA-approved;
2. One of the following (a or b):
 - a. Medical justification supports inability to use commercially available FDA- approved products (e.g, an elderly patient unable to swallow a tablet or capsule and needs medication in a liquid dosage form);
 - b. Prescribed for pediatric dosing in the absence of commercially available products;
3. Acceptable compendium supports efficacy and safety for the indicated treatment;
4. Prescribed dose does not exceed the FDA approved maximum recommended dose for the relevant indication.

Approval Duration

All Lines of Business (except Medicare): 6 months

II. Continued Therapy Approval

A. All FDA-Approved Indications (must meet all):

1. Member is currently receiving medication in the past 120 days that has been authorized by RxAdvance or the member has met the initial approval criteria.

Approval Duration

All Lines of Business (except Medicare): 6 months

References

Not applicable

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy was established	01/2020	02/07/2020
Policy was reviewed and updated: 1. Initial Approval Criteria I.A.3: Removed "as defined in the member's Evidence of Coverage"	05/2020	05/21/2020

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

<ul style="list-style-type: none"> 2. Approval duration was updated to 6 months. 3. Continued Therapy criteria II.A.1: Updated to “Currently receiving medication that has been authorized by RxAdvance...” 		
<p>Policy was reviewed:</p> <ul style="list-style-type: none"> 1. Clinical Policy Title Table was updated. 2. Line of Business Policy Applies to was update to all lines of business. 3. Initial and Continued Approval criteria: Commercial and Medicaid approval duration were updated to 6 months. 	02/02/2021	03/09/2021
<p>Policy was reviewed:</p> <ul style="list-style-type: none"> 1. Continued Therapy Approval Criteria II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance...". 	11/24/2021	01/17/2022
<p>Policy was reviewed.</p> <ul style="list-style-type: none"> 1. Initial Approval Criteria: I.A.2.a: Updated to add examples of medical justification supports inability to use commercially available FDA- approved products. 2. Initial Approval Criteria I.A.3: Updated to add Acceptable compendium supports efficacy and safety for the indicated treatment; 	10/03/2022	01/17/2023
<p>Policy was reviewed.</p>	10/19/2023	10/19/2023
<p>Policy was reviewed:</p> <ul style="list-style-type: none"> 1. Updated continuation of therapy language. 2. Updated approval duration verbiage. 	03/20/2025	04/10/2025
<p>Policy reviewed</p>	12/11/2025	12/11/2025