

## POLICY AND PROCEDURE

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| <b>DEPARTMENT:</b><br>Ambetter Health Plans                | <b>DOCUMENT NAME:</b><br>Compounded Medications |
| <b>PAGE:</b> 1 of 2  | <b>REPLACES DOCUMENT:</b>                       |
| <b>APPROVED DATE:</b> 05/16                                | <b>RETIRED:</b>                                 |
| <b>EFFECTIVE DATE:</b> 05/16                               | <b>REVIEWED/REVISED:</b> 05/17                  |
| <b>PRODUCT TYPE:</b> Health Insurance<br>Marketplace (HIM) | <b>REFERENCE NUMBER:</b> HIM.PHAR.20            |

### SCOPE:

Health Insurance Marketplace (Ambetter) Health Plans

### PURPOSE:

The purpose of this policy is to define Ambetter's policy to provide HIM members with coverage of compounded medications.

### POLICY:

It is the policy of Ambetter to assure that members who need compounded medications are afforded access to compounded products.

### PROCEDURE:

- A. Health Insurance Marketplace plans (Ambetter) will provide coverage for compounded medications when the following criteria have been met:
  1. Comparable commercial product is not available. Comparable in the sense of this criteria means that there is no product commercially available that is FDA approved to treat the same condition. Comparable products are considered all formulations regardless of route of administration. Exceptions to this section of the policy can be granted in pediatric cases, where commercial product is available in different formulation, however pediatric dosing would render use of that formulation impossible; (i.e. commercially available 250mg tablet can't be used for 5mg dose and liquid dosage form is otherwise not commercially available)
  2. Compound must be listed in reputable compendia as safe and effective for the indicated treatment.
  3. Member will be responsible for Tier 3 copayment for compounded medications.
  4. Compounded medications under \$100 per claim will pay without the need for prior authorization.

**REFERENCES:** N/A

**ATTACHMENTS:** N/A

**DEFINITIONS:** N/A

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### **REVISION LOG**

| <b>REVISION</b>   | <b>DATE</b> |
|---|-------------|
| Removed reference to Envolve Pharmacy Solutions as this is an Ambetter benefit policy | 05/17       |

### **POLICY AND PROCEDURE APPROVAL**

Pharmacy & Therapeutics Committee: Approval on file

EPS Pharmacy Director, Marketplace: Approval on file

Sr. V.P., Chief Medical Officer: Approval on file

*NOTE: The electronic approval is retained in Compliance 360.*