

CRITERIA FOR PRIOR AUTHORIZATION

High Cost* Compounds

BILLING CODE TYPE For drug coverage and provider type information, see the [KMAP Reference Codes webpage](#).

MANUAL GUIDELINES Prior authorization will be required for all outpatient compounded medications.

GENERAL CRITERIA FOR INITIAL PRIOR AUTHORIZATION: (must meet all of the following)

- Must be for active pharmaceutical ingredients (API) that are covered in policy.
- Must be FDA-approved for the route of administration requested.
- Medical justification supports inability to use commercially available FDA-approved products.
- Acceptable compendium supports efficacy and safety for the indicated treatment.
- Prescribed dose does not exceed the FDA-approved maximum recommended dose for the relevant indication.

CRITERIA FOR RENEWAL PRIOR AUTHORIZATION: (must meet all of the following)

- Must meet the initial criteria above

LENGTH OF APPROVAL (INITIAL AND RENEWAL): 6 months

*Note: High cost means \geq \$200 per claim or as otherwise specified in policy.