

## COMPOUNDED RX PA SUMMARY

**LENGTH OF AUTHORIZATION:** 9 month maximum (270 days) for TPN

**NOTE:** *If an active ingredient in the compounded medication requires prior authorization, then the specific clinical criteria will be applied in addition to the criteria for compounds.*

### PA CRITERIA:

- ❖ Approvable for members less than 21 years of age when the physician documents the drug is medically necessary and the medication is not available in the desired dosage form as a commercially available product  
OR
- ❖ Approvable for pregnant females 21 years of age or older requiring total parenteral nutrition

### EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827.**

### PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

### QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.