



GEORGIA MEDICAID FEE-FOR-SERVICE COMPOUNDED DRUGS PA SUMMARY

LENGTH OF AUTHORIZATION: Up to 1 year

PA CRITERIA:

- ❖ Each active ingredient in the compounded drug is Food and Drug Administration (FDA)-approved or national compendia supported for the condition being treated, AND
- ❖ The therapeutic amounts are supported by national compendia or two peer-reviewed literature for the condition being treated in the requested route of delivery, AND
- ❖ If any prescription ingredients require prior authorization and/or step therapy, all drug-specific criteria must be also met, AND
- ❖ The compounded drug must not include any ingredient that has been withdrawn or removed from the market due to safety reasons, AND
- ❖ The patient has tried and failed therapy or had an intolerance to two FDA-approved commercially-available prescription therapeutic alternatives, one of which is the same route of administration as the requested compound, unless one of the following criteria are met:
 - Patient has a contraindication to commercially available products, OR
 - One or no other therapeutic alternatives are commercially available, OR
 - Prepared in a strength not commercially available or currently in short supply, OR
 - Prepared in a different dosage form for a patient who is unable to take the commercially available formulation (mixing or reconstituting commercially available products based on the manufacturer's instructions or the product's approved labeling does not meet this criteria), OR
 - Patient has an allergy or sensitivity to inactive ingredients (e.g., dyes, preservatives, sugars, etc.) that are found in commercially available products, AND
- ❖ The compounded drug must not be used for a cosmetic purpose, AND
- ❖ If the compound is subject to the drug-specific/targeted compound program, the member meets all the applicable drug-specific criteria for all the targeted ingredient(s) used in the requested compound product.

EXCEPTIONS:

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

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.



QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.