



**AETNA BETTER HEALTH®**  
Coverage Policy/Guideline

Name:	Compounds	Page:	1 of 3
Effective Date:	XX/XX/2020	Last Review Date:	08/2020
Applies to:	<input type="checkbox"/> California	<input type="checkbox"/> Florida	<input type="checkbox"/> Kentucky
	<input checked="" type="checkbox"/> Louisiana	<input type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Virginia	<input type="checkbox"/> Texas

**Intent:**

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Compounds under the member’s prescription drug benefit.

**Description:**

N/A

**Preferred/Non-Preferred Drugs**

Preferred	Non-Preferred
	Compounds

**Policy/Guideline:**

**Compounds are not a covered benefit with the following exceptions:**

- If each active ingredient is Food and Drug Administration (FDA)-approved (non-bulk chemicals also known as Active Pharmaceutical Ingredient (API))
- If each active ingredient is used for an indication that is Food and Drug Administration (FDA)-approved or compendia supported
- The final route of administration of the compound is the same as the Food and Drug Administration (FDA)-approved or compendia supported route of administration of each active ingredient. (for example, oral baclofen tablets should not be covered for topical use)
- Member meets one of the following:
  - Has an allergy and requires a medication to be compounded without a certain active ingredient (for example dyes, preservatives, fragrances)
    - This situation requires submission of a Food and Drug Administration (FDA) MedWatch form consistent with Dispense as Written (DAW) 1 guidelines
  - Cannot consume the medication in any of the available formulations and the medication is medically necessary
  - Commercial prescription product is unavailable due to a market shortage (or discontinued) and is medically necessary
  - Request is for 17-alpha hydroxyprogesterone caproate (even if bulk ingredients are used) for the prevention of preterm birth, in women who are pregnant with a singleton pregnancy, have history of prior spontaneous preterm birth and requires the medication to be compounded due to an allergy



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- Request is for formulary antibiotic or anti-infective for injectable use (For example, formulary injection needing to be mixed with sodium chloride to create an IV compound)

**NOTE:** All compounds will require authorization and clinical review if total submitted cost exceeds \$200.

- Experimental and investigational products are not covered. The following compounds are examples of preparations that Aetna considers to be experimental and investigational, because there is inadequate evidence in the peer-reviewed published medical literature of their effectiveness:
  - Bioidentical hormones and implantable estradiol pellets
  - Nasal administration of nebulized anti-infectives for treatment of sinusitis
  - Topical Ketamine, Muscle Relaxants, Antidepressants, Non-Steroidal Anti-Inflammatory Drugs (NSAIDS)
  - Anticonvulsants products typically used for pain
  - Proprietary bases: PCCA Lipoderm Base, PCCA Custom Lipo-Max Cream, Versabase Cream, Versapro Cream, PCCA Pracasil Plus Base, Spirawash Gel Base, Versabase Gel, Lipopen Ultra Cream, Lipo Cream Base, Pentravan Cream/Cream Plus, VersaPro Gel, Versatile Cream Base, PLO Transdermal Cream, Transdermal Pain Base Cream, PCCA Emollient Cream Base, Penderm, Salt Stable LS Advanced Cream, Ultraderm Cream, Base Cream Liposome, Mediderm Cream Base, Salt Stable Cream

**Approval Duration:**

Prior Authorization Approval	Duration	Quantity Restrictions	Additional Requirements
Initial	For market shortages: 3 months  All others: 6 months		
Renewal	For market shortages: 3 months All others: 1 year		



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**Box Warning:**

N/A

**REMS:**

N/A

**References:**

1. Aetna, Medical Clinical Policy Bulletin, Number 0388 Complementary and Alternative Medicine, 6/15/18 (assessed May 10, 2019); available at [http://aetnet.aetna.com/mpa/cpb/300\\_399/0388.html](http://aetnet.aetna.com/mpa/cpb/300_399/0388.html)
2. Aetna, Medical Clinical Policy Bulletin, Number: 0759 Vulvodynia and Vulvar Vestibulitis Treatments, 10/29/18 (assessed May 10, 2019); available at [http://aetnet.aetna.com/mpa/cpb/700\\_799/0759.html](http://aetnet.aetna.com/mpa/cpb/700_799/0759.html)
3. Aetna, Medical Clinical Policy Bulletin, Number 0065 Nebulizers, 4/01/19 (assessed May 10, 2019); available at [http://aetnet.aetna.com/mpa/cpb/1\\_99/0065.html](http://aetnet.aetna.com/mpa/cpb/1_99/0065.html)
4. U.S. Food & Drug Administration, Drugs; Guidance, Compliance, & Regulatory Information, Human Drug Compounding, 4/19/2019 (assessed May 10, 2019); available at <https://www.fda.gov/drugs/guidance-compliance-regulatory-information/human-drug-compounding>