



**BlueCross
BlueShield**

Federal Employee Program.

ANTI-INFLAMMATORY AND PAIN COMPOUNDING POWDERS

**Celecoxib Powder, Diclofenac Powder, Fenoprofen Powder, Flurbiprofen Powder,
Ibuprofen Powder, Ketoprofen Powder, Meloxicam Powder, Naproxen Powder,
Tramadol Powder**

Pre - PA Allowance

None

Prior-Approval Requirements

Diagnosis

Patient must have the following:

FDA-approved indication supporting the use of the compounded ingredient for the diagnosis provided

AND ALL of the following:

1. The requested dosage form is for oral use or ophthalmic use
2. The requested dose/ strength does **NOT** exceed the maximum FDA-approved dose/strength for the requested ingredient
3. The requested dose is **NOT** commercially available
4. The requested dosage form is not being used topically except for Diclofenac

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Same as above

Prior – Approval *Renewal* Limits

Same as above