

ANTIFUNGAL AND ANTIBIOTIC POWDERS

Antifungals: Econazole Powder, Ketoconazole Powder, Nyamyc (nystatin) Powder, Nystop (nystatin) Powder

Antibiotics: Mupirocin Powder, Tobramycin Powder, Vancomycin Powder

Pre - PA Allowance

Nystatin Powder **only:** 90 grams per 90 days

No Pre-PA for all other powders

Prior-Approval Requirements

Diagnosis

Patient must have the following:

FDA-approved indication supporting the requested medication's use

AND ALL of the following for medications being compounded:

1. The requested dosage form is FDA-approved
2. The requested product is **NOT** for use in foot baths
3. The requested dose/strength does **NOT** exceed the maximum FDA-approved dose/strength for the requested ingredient
4. The requested dose is **NOT** commercially available

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Same as above

Prior - Approval *Renewal* Limits

Same as above