

HYALURONATE COMPOUNDING POWDER**Pre - PA Allowance**None

Prior-Approval Requirements**Diagnoses**

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 topical use
2. The requested dose/ strength does **NOT** exceed the maximum FDA-approved dose/strength for the requested ingredient
3. The requested strength is **NOT** commercially available
4. The powder is **NOT** being compounded into a formulation for ophthalmic use
5. The powder is **NOT** being compounded into a formulation for cosmetic use such as for wrinkles or as a moisturizer

Prior - Approval Limits**Duration** 12 months

Prior – Approval *Renewal* Requirements

Same as above

Prior – Approval *Renewal* Limits

Same as above