



**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

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### **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

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### **Prior – Approval *Renewal* Requirements**

Same as above

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Same as above