



Anesthetic Powders
(Lidocaine Powder, Prilocaine 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 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