

LIDOCAINE TOPICALS

**Emla (lidocaine 2.5% and prilocaine 2.5%), Lidocaine Topical 5%,
Tetravex Gel (tetracaine 2%)**

Pre - PA Allowance**Quantity**

| Drug | Quantity |
|---|-----------------------|
| Lidocaine ointment 5% | 100 grams per 90 days |
| Lidocaine and prilocaine 2.5%/2.5% (Emla) | 30 grams per 90 days |
| Tetracaine gel 2% (Tetravex) | 30 grams per 90 days |

Prior-Approval Requirements**Diagnosis**

Patient must have **ONE** of the following:

1. Local wound pain
2. Local analgesia

AND the following:

- a. **NOT** for used for pain associated with cosmetic procedures

Prior - Approval Limits**Quantity**

| Drug | Quantity |
|--|-----------------------|
| Lidocaine ointment 5% | 150 grams per 90 days |
| Lidocaine and prilocaine 2.5%/2.5% (Emla)* | 180 grams per 90 days |
| Tetracaine gel 2% (Tetravex) | 60 grams per 90 days |

Duration 3 months

*12 months for patients requesting Emla who are also on dialysis (and every year is considered initiation)

Prior – Approval *Renewal* Requirements

None