



**LIDOCAINE TOPICAL PRODUCTS PA SUMMARY**

<b>PREFERRED</b>	Lidocaine Gel 2%, Lidocaine Jelly 2%, Lidocaine Ointment 5%, Lidocaine Solution 4%
<b>NON-PREFERRED</b>	Lidocaine Cream 3% 3%, Lidocaine Patch (generic), Lidoderm Patch (brand)

**LENGTH OF AUTHORIZATION:** 1 year

**PA CRITERIA:**

*For Lidocaine 3% Cream*

- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred product, lidocaine gel or ointment, is not appropriate for the member.

*For Lidoderm Patch (brand or generic lidocaine)*

- ❖ Approvable for pain associated with post-herpetic neuralgia.
- ❖ For generic lidocaine patches, the prescriber should submit a written letter of medical necessity stating the reason(s) the non-preferred product which requires PA, brand-name Lidoderm, is not appropriate for the member.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.