LIDOCAINE TOPICAL PRODUCTS PA SUMMARY

<table>
<thead>
<tr>
<th>PREFERRED</th>
<th>Lidocaine Cream 3%, Lidocaine Gel 2%, Lidocaine Jelly 2%, Lidocaine Ointment 5%, Lidocaine Solution 4%</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-PREFERRED</td>
<td>Lidocaine Lotion 3%, Lidoderm Patch</td>
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</table>

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

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

For Lidoderm Patch
- Approvable for pain associated with post-herpetic neuralgia.

EXCEPTIONS:
- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling SXC Health Solutions at 1-866-525-5827.

PA and APPEAL PROCESS:
- For online access to the PA process please go to 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, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.

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