

LIDOCAINE TOPICAL PRODUCTS PA SUMMARY

PREFERRED	Lidocaine Cream 3%, Lidocaine Gel 2%, Lidocaine Jelly 2%, Lidocaine Ointment 5%, Lidocaine Solution 4%
NON-PREFERRED	Lidocaine Lotion 3%, Lidoderm Patch

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.