



**GEORGIA MEDICAID FEE-FOR-SERVICE  
LIDOCAINE TOPICAL PRODUCTS PA SUMMARY**

<b>Preferred</b>	<b>Non-Preferred</b>
Lidocaine Cream 3% generic Lidocaine Gel 2% generic Lidocaine Jelly 2% generic Lidocaine Solution 4% generic	Lidocaine Ointment 5% generic Lidocaine Pad/Patch generic Lidoderm Patch (lidocaine patch)

**LENGTH OF AUTHORIZATION:** 1 year

**NOTE:**

- ❖ If lidocaine pad/patch generic is approved, the PA will be issued for brand Lidoderm.

**PA CRITERIA:**

*For Lidocaine Ointment 5% Generic*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, lidocaine cream, gel, jelly, solution as well as over-the-counter lidocaine products, are not appropriate for the member.

*For Lidocaine Pad/Patch Generic, Lidoderm Patch*

- ❖ Approvable for pain associated with post-herpetic neuralgia.
- ❖ In addition, for generic lidocaine pads/patches, the prescriber must submit a written letter of medical necessity stating the reasons brand 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 **OptumRx at 1-866-525-5827.**

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.



**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits (QLL), 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 and select that manual.