LIDOCAINE TOPICAL PRODUCTS PA SUMMARY

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

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, 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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