
AllCare CCO - Prior Authorization Criteria Summary:

Criteria number: 042.1**Classification: Drug Specific**

Date of origin: 10/31/2011

Drug: lidocaine 5% patch (Lidoderm)

Date of Last Review: 03/16/2019

Date of Next Review: 03/15/2021

References:

- Oregon Health Authority, Department of Medical Assistance, OAR 410-120-0250 (3):
- Oregon Medicaid Pharmaceutical Services Prior Authorization Criteria :
- Moretz, D. Oregon State University Drug Use Research & Management Program. Drug Class Update: Non-analgesics for Pain. March 2017:
- Lidoderm (lidocaine patch 5%) package insert. Malvern, PA: Endo Pharmaceuticals Inc.: 2018 Nov.:

FDA approved indication: postherpetic neuralgia

Purpose: To define the process and coverage of formulary lidocaine 5% topical patch (Lidoderm)

Policy: Cover for above-the-line diagnoses that are supported by the medical literature (see Table 1 for examples).

Approval Criteria for lidocaine 5% patch (Lidoderm):

	Met	Not Met
Criteria #1: Is the prescription for Lidoderm patch greater than 3 patches/day	Deny	Go to #2
Criteria #2: Does the member have an OHP-funded diagnosis with evidence supporting its use in that condition	Approve for 90 days to 1 year	Deny

Reviewed and approved by: AllCare CCO P&T Committee

Date: 04/27/2017