

## Lidocaine Patch

### Goal(s):

- Provide coverage only for funded diagnoses that are supported by the medical literature.

### Length of Authorization:

- 90 days to 12 months (criteria specific)

### Requires PA:

- Lidocaine Patch

### Covered Alternatives

- Current PMPDP preferred drug list per OAR 410-121-0030 at [www.orpdl.org](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code	
2. Is the diagnosis an OHP-funded diagnosis with evidence supporting its use in that condition (refer to Table 1 for examples).	<b>Yes:</b> Go to # 3	<b>No:</b> Pass to RPh. Deny; not funded by the OHP
3. Is this a request for renewal of a previously approved prior authorization for lidocaine patch?	<b>Yes:</b> Go to <b>Renewal Criteria</b>	<b>No:</b> Go to # 4
4. Is the prescription for Lidoderm patch greater than 3 patches/day?	<b>Yes:</b> Pass to RPh. Deny; medical appropriateness	<b>No:</b> Approve for 90 days
Renewal Criteria		
1. Does the patient have documented improvement from lidocaine patch?	<b>Yes:</b> Approve for up to 12 months	<b>No:</b> Pass to RPh. Deny for medical appropriateness.

**Table 1. OHP Funded Diagnosis and Evidence Supports Drug Use in Specific Indication**

Condition	Lidocaine Patch
Funded	
Diabetic Neuropathy	X
Postherpetic Neuropathy	X
Painful Polyneuropathy	X
Spinal Cord Injury Pain	
Chemotherapy Induced Neuropathy	

Non-funded	
Fibromyalgia	

*P&T Review:* 7/18 (DM); 3/17  
*Implementation:* 4/1/17