

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
- Searchable site for Oregon FFS Drug Class listed at 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).	Yes: Go to # 3	No: 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?	Yes: Go to Renewal Criteria	No: Go to # 4
4. Is the prescription for Lidoderm patch greater than 3 patches/day?	Yes: Pass to RPh. Deny; medical appropriateness	No: Approve for 90 days

Renewal Criteria		
1. Does the patient have documented improvement from lidocaine patch?	Yes: Approve for up to 12 months	No: Pass to RPh. Deny for medical appropriateness.

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

Condition	Lidocaine Patch
Funded	Evidence Supports Use
Diabetic Neuropathy	X
Postherpetic Neuropathy	X
Painful Polyneuropathy	X
Spinal Cord Injury Pain	
Chemotherapy Induced Neuropathy	
Non-funded	
Fibromyalgia	