

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

Lidocaine gel/cream/ointment

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Prescription generic lidocaine gel/cream/ointment

APPROVAL CRITERIA

Requests for prescription generic lidocaine gel/cream/ointment may be approved if the following criteria are met:

- I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to two preferred agents.

Preferred agents: OTC generic and single source brand (SSB) lidocaine agents (including creams, ointments, gels, sprays, swabs, patches ranging from 0.5%-4% but not combination products or multi-source brand agents), Rx generic lidocaine 2.5%-prilocaine 2.5% cream.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: February 2, 2019.

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New Program Date 02/01/2020

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.

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