

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class**Lidocaine Patch****Clinical Criteria Information Included in this Document**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Annual review by staff

Added GCN for ZTLido to drug table, page 2

Updated Table 3, pages 6-8

Updated references, pages 9-10



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Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
LIDOCAINE 5% PATCH	50272
LIDODERM 5% PATCH	50272
ZTLIDO 1.8% TOPICAL SYSTEM	44495



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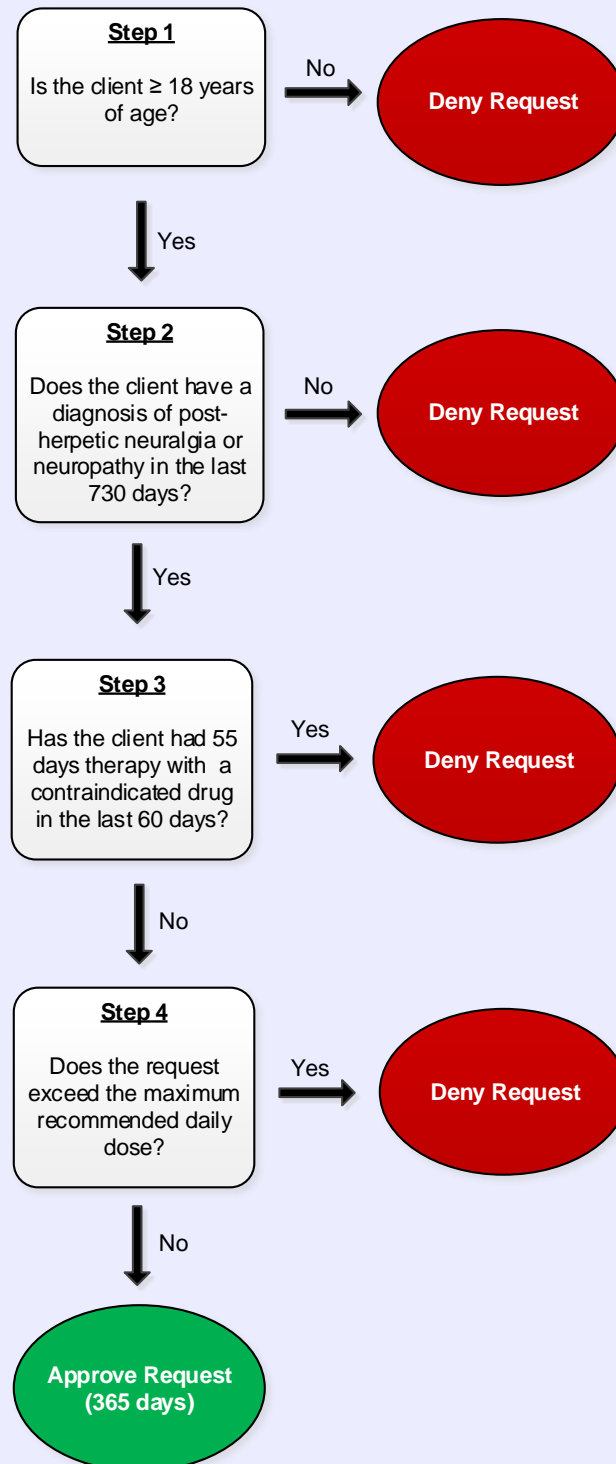
Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 18 years of age?
 Yes – Go to #2
 No – Deny
2. Does the client have a **diagnosis of post-herpetic neuralgia or neuropathy** in the last 730 days?
 Yes – Go to #3
 No – Deny
3. Is the client currently taking a **contraindicated drug**?
 Yes – Deny
 No – Go to #4
4. Does the request exceed the maximum recommended daily dose (3 patches per day)?
 Yes – Deny
 No – Approve Request (365 days)



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Clinical Criteria Logic Diagram





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Clinical Criteria Supporting Tables

Step 2 (diagnosis of neuralgia or neuropathy) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
B0222	POSTHERPETIC TRIGEMINAL NEURALGIA
B0223	POSTHERPETIC POLYNEUROPATHY
E0840	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC NEUROPATHY, UNSPECIFIED
E0841	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC MONONEUROPATHY
E0842	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC POLYNEUROPATHY
E0843	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E0844	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC AMYOTROPHY
E0849	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH OTHER DIABETIC NEUROLOGICAL CONDITION
E08610	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC NEUROPATHIC ARTHROPATHY
E0940	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E0941	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH DIABETIC MONONEUROPATHY
E0942	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH DIABETIC POLYNEUROPATHY
E0943	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E0944	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH DIABETIC AMYOTROPHY
E0949	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E09610	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E1340	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1341	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1342	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY

Step 2 (diagnosis of neuralgia or neuropathy)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
E1343	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1344	OTHER SPECIFIED DIABETES MELLOITUS WITH DIABETIC AMYOTROPHY
E1349	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E1140	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1141	TYPE 2 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1142	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1143	TYPE 2 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1144	TYPE 2 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY
E1149	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E1040	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1041	TYPE 1 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1042	TYPE 1 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1043	TYPE 1 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1044	TYPE 1 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY
E1049	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
G589	MONONEUROPATHY, UNSPECIFIED
G600	HEREDITARY MOTOR AND SENSORY NEUROPATHY
G603	IDIOPATHIC PROGRESSIVE NEUROPATHY
G608	OTHER HEREDITARY AND IDIOPATHIC NEUROPATHIES
G609	HEREDITARY AND IDIOPATHIC NEUROPATHY, UNSPECIFIED

Step 3 (claim for a drug not recommended for use with a lidocaine patch)	
Required days supply: 55	
Look back timeframe: 60 days	
Label Name	GCN
AMIODARONE 100MG TABLET	10921
AMIODARONE 200MG TABLET	10920
AMIODARONE 400MG TABLET	12465
DISOPYRAMIDE 100MG CAPSULE	01130
DISOPYRAMIDE 150MG CAPSULE	01131

Step 3 (claim for a drug not recommended for use with a lidocaine patch)	
Required days supply: 55	
Look back timeframe: 60 days	
Label Name	GCN
DOFETILIDE 125MCG CAPSULE	92287
DOFETILIDE 250MCG CAPSULE	92297
DOFETILIDE 500MCG CAPSULE	92307
FLECAINIDE ACETATE 100MG TABLET	01580
FLECAINIDE ACETATE 150MG TABLET	01582
FLECAINIDE ACETATE 50MG TABLET	01581
MEXILETINE 150MG CAPSULE	12210
MEXILETINE 200MG CAPSULE	12211
MEXILETINE 250MG CAPSULE	12212
MULTAQ 400MG TABLET	26586
NORPACE 100MG CAPSULE	01130
NORPACE 150MG CAPSULE	01131
NORPACE CR 100MG CAPSULE	01140
NORPACE CR 150MG CAPSULE	01141
PACERONE 100MG TABLET	10921
PACERONE 200MG TABLET	10920
PACERONE 400MG TABLET	12465
PROPAFENONE HCL 150MG TABLET	12431
PROPAFENONE HCL 225MG TABLET	12433
PROPAFENONE HCL 300MG TABLET	12432
PROPAFENONE HCL ER 225MG CAPSULE	21056
PROPAFENONE HCL ER 325MG CAPSULE	21058
PROPAFENONE HCL ER 425MG CAPSULE	21059
QUINIDINE GLUC ER 324MG TABLET	01011
QUINIDINE SULF 200MG TABLET	01053
QUINIDINE SULF ER 300MG TABLET	01055
SORINE 120MG TABLET	39516
SORINE 160NG TABLET	39511
SORINE 240MG TABLET	39513
SORINE 240MG TABLET	39513
SOTALOL 120MG TABLET	39516
SOTALOL 160MG TABLET	39511
SOTALOL 240MG TABLET	39513
SOTALOL 80MG TABLET	39512
SOTYLIZE 5MG/ML ORAL SOLUTION	37877

Step 3 (claim for a drug not recommended for use with a lidocaine patch)	
Required days supply: 55	
Look back timeframe: 60 days	
Label Name	GCN
TIKOSYN 125MCG CAPSULE	92287
TIKOSYN 250MCG CAPSULE	92297
TIKOSYN 500MCG CAPSULE	92307



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Clinical Criteria References

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Publication History

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The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
01/29/2015	Presented to the DUR Board
02/27/2015	Initial publication and posting to website
07/31/2015	Review of ICD-9 and ICD-10 codes
02/15/2018	Updated question 3, pages 3-4 Updated Table 3, pages 7-8
03/29/2019	Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search .) on each 'Drug Requiring PA' table
07/15/2019	Annual review by staff Added GCN for ZTLido to drug table, page 2 Updated Table 3, pages 6-8 Updated references, pages 9-10