

**Texas Prior Authorization Program
Clinical Edit Criteria**

Drug/Drug Class

Lidoderm (Lidocaine) Patch

Clinical Edit Information Included in this Document

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
 - **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
 - **Logic diagram:** a visual depiction of the clinical edit 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 edit
- Note:** Click the hyperlink to navigate directly to that section.

Revision Notes

Initial publication and posting to website



Lidoderm (Lidocaine) Patch

Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
LIDOCAINE 5% PATCH	50272



Lidoderm (Lidocaine) Patch

Clinical Edit 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

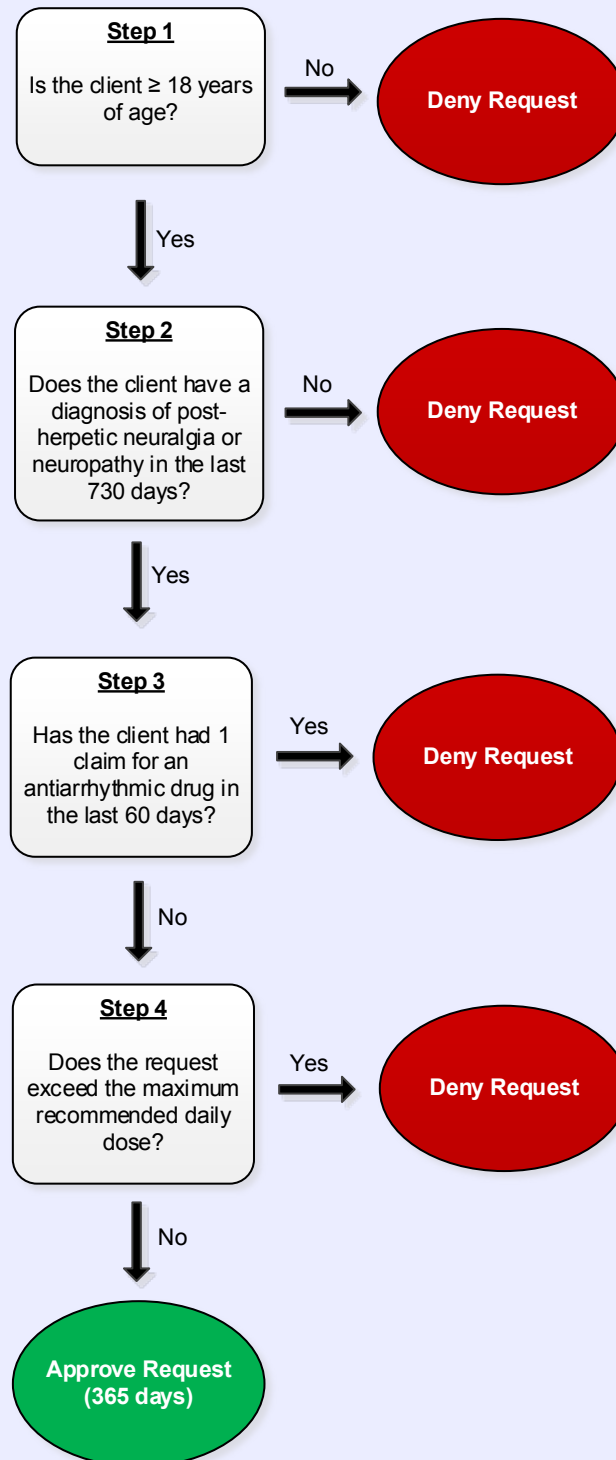
3. Has the client had 1 claim for an anti-arrhythmic drug in the last 60 days?
 - Yes - Deny
 - No - Go to #4

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 Edit Criteria Logic Diagram





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Clinical Edit Criteria Supporting Tables

Step 2 (diagnosis of neuralgia or neuropathy) Required quantity: 1 Look back timeframe: 730 days	
ICD-9 Code	Description
053.12	POSTHERPETIC TRIGEMINAL NEURALGIA
053.13	POSTHERPETIC POLYNEUROPATHY
249.6	NEUROPATHY DUE TO SECONDARY DIABETES
250.6	PERIPHERAL AUTONOMIC NEUROPATHY IN DISORDERS CLASSIFIED ELSEWHERE
355.9	NEUROPATHIC NEUROPATHY
356	HEREDITARY AND IDIOPATHIC NEUROPATHY
356.0	HEREDITARY PERIPHERAL NEUROPATHY
356.2	HEREDITARY SENSORY NEUROPATHY
356.4	IDIOPATHIC PROGRESSIVE POLYNEUROPATHY
356.8	OTHER IDIOPATHIC PERIPHERAL NEUROPATHY
356.9	UNSPECIFIED HEREDITARY AND IDIOPATHIC PERIPHERAL NEUROPATHY
ICD-10 Code	Description
B02.22	POSTHERPETIC TRIGEMINAL NEURALGIA
B02.23	POSTHERPETIC POLYNEUROPATHY
E08.40	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC NEUROPATHY, UNSPECIFIED
E08.41	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC MONONEUROPATHY
E08.42	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC POLYNEUROPATHY
E08.43	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E08.44	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC AMYOTROPHY
E08.49	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH OTHER DIABETIC NEUROLOGICAL CONDITION
E08.610	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC NEUROPATHIC ARTHROPATHY
E09.40	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E09.41	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH DIABETIC MONONEUROPATHY

Step 2 (diagnosis of neuralgia or neuropathy)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
E09.42	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH DIABETIC POLYNEUROPATHY
E09.43	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E09.44	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH DIABETIC AMYOTROPHY
E09.49	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E09.610	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E13.40	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E13.41	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E13.42	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E13.43	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E13.44	OTHER SPECIFIED DIABETES MELLOITUS WITH DIABETIC AMYOTROPHY
E13.49	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E11.4	TYPE 2 DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS
E11.40	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E11.41	TYPE 2 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E11.42	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E11.43	TYPE 2 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E11.44	TYPE 2 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY
E11.49	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E10.4	TYPE 1 DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS
E10.40	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E10.41	TYPE 1 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E10.42	TYPE 1 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E10.43	TYPE 1 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E10.44	TYPE 1 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY
E10.49	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
G58.9	MONONEUROPATHY, UNSPECIFIED

Step 2 (diagnosis of neuralgia or neuropathy)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
G60.0	HEREDITARY MOTOR AND SENSORY NEUROPATHY
G60.3	IDIOPATHIC PROGRESSIVE NEUROPATHY
G60.8	OTHER HEREDITARY AND IDIOPATHIC NEUROPATHIES
G60.9	HEREDITARY AND IDIOPATHIC NEUROPATHY, UNSPECIFIED

Step 4 (claim for an anti-arrhythmic drug)	
Required quantity: 1	
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
DISOPYRAMIDE CR 100MG CAPSULE	01140
DISOPYRAMIDE CR 150MG CAPSULE	01141
DOFETILIDE 125MCG CAPSULE	92287
DOFETILIDE 250MCG CAPSULE	92297
DOFETILLIDE 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
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	01060

Step 4 (claim for an anti-arrhythmic drug)	
Required quantity: 1	
Look back timeframe: 60 days	
Label Name	GCN
QUINIDINE SULF ER 300MG TABLET	01055
SOTALOL 120MG TABLET	39516
SOTALOL 160MG TABLET	39511
SOTALOL 240MG TABLET	39513
SOTALOL 80MG TABLET	39512



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Clinical Edit 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
01/02/2015	Initial publication and posting to website