

PA DEPARTMENT OF HUMAN SERVICES  
MAAC BRIEFING DOCUMENT  
LOCAL ANESTHETICS, TOPICAL

**Proposed Effective Date:** January 1, 2020

**I. Requirements for Prior Authorization of Local Anesthetics, Topical**

A. Prescriptions That Require Prior Authorization

Prescriptions for Local Anesthetics, Topical that meet any of the following conditions must be prior authorized:

1. A non-preferred Local Anesthetic, Topical. See the Preferred Drug List (PDL) for the list of preferred Local Anesthetics, Topical at: <https://papdl.com/preferred-drug-list>.
2. Oral viscous lidocaine solution and oral lidocaine jelly when prescribed for a beneficiary under 3 years of age.

B. 5-Day Supplies

In response to health and safety concerns, a pharmacist may not dispense a 5-day supply of oral viscous lidocaine solution or oral lidocaine jelly when prescribed for a child under 3 years of age.

C. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a Local Anesthetic, Topical, the determination of whether the requested prescription is medically necessary will take into account whether the beneficiary:

1. For a non-preferred Local Anesthetic, Topical, has a history of therapeutic failure, intolerance, or contraindication of the preferred Local Anesthetics, Topical; **AND**
2. For oral viscous lidocaine solution and oral lidocaine jelly when prescribed for a beneficiary under 3 years of age, **all** of the following:
  - a. Is not prescribed oral viscous lidocaine solution or oral lidocaine jelly for the treatment of teething pain,
  - b. For all other indications, has documented therapeutic failure, contraindication, or intolerance of alternative recommended treatments for the beneficiary's indication,
  - c. Is prescribed a dose that is consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature;

NOTE: If the beneficiary does not meet the clinical review guidelines above but, in the professional judgement of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary, the request for prior authorization will be approved.

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D. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section C. above to assess the medical necessity of a prescription for a Local Anesthetic, Topical. If the guidelines in Section C. are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

E. References

1. FDA Drug Safety Communication: FDA recommends not using lidocaine to treat teething pain and requires new Boxed Warning. June 24, 2014.