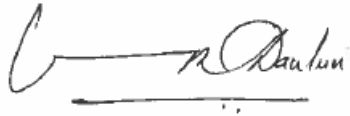


Prior Authorization Review Panel

CHC-MCO Policy Submission

A separate copy of this form must accompany each policy submitted for review.
Policies submitted without this form will not be considered for review.

Plan: PA Health & Wellness	Submission Date: N/A
Policy Number: PHW.PDL.728	Effective Date: 01/01/2020 Revision Date: 10/2021
Policy Name: Local Anesthetics, Topical	
<p>Type of Submission – <u>Check all that apply:</u></p> <p> <input type="checkbox"/> New Policy <input type="checkbox"/> Revised Policy* <input checked="" type="checkbox"/> Annual Review - No Revisions <input checked="" type="checkbox"/> Statewide PDL - <i>Select this box when submitting policies for Statewide PDL implementation and when submitting policies for drug classes included on the Statewide PDL.</i> </p>	
<p>*All revisions to the policy <u>must</u> be highlighted using track changes throughout the document.</p> <p>Please provide any changes or clarifying information for the policy below:</p> <p>Q1 2022 annual review: no changes.</p>	
<p>Name of Authorized Individual (Please type or print):</p> <p>Venkateswara R. Davuluri, MD</p>	<p>Signature of Authorized Individual:</p> 

Clinical Policy: Local Anesthetics, Topical

Reference Number: PHW.PDL.728

Effective Date: 01/01/2020

Last Review Date: 10/2021

[Revision Log](#)

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with PA Health and Wellness[®] that Local Anesthetics, Topical are **medically necessary** when the following criteria are met:

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.
2. Oral viscous lidocaine solution and oral lidocaine jelly when prescribed for a beneficiary under 3 years of age.

B. 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 U.S. Food and Drug Administration (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.

C. 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.

D. Approval Duration: 6 months

E. References

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

Reviews, Revisions, and Approvals	Date
Policy created	01/01/2020
Q3 2020 annual review: no changes.	07/2020
Q1 2021 annual review: no changes.	01/2021
Q1 2022 annual review: no changes.	10/2021