

Clinical Policy: Local Anesthetics, Topical

Reference Number: PHW.PDL.728

Effective Date: 01/01/2020

Last Review Date: 11/2025

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 PA Health & 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 member 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 member:

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 member 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 member'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 member 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 member, 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 member.

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.	11/2021
Q1 2023 annual review: no changes.	11/2022
Q1 2024 annual review: no changes.	11/2023
Q1 2025 annual review: no changes.	11/2024
Q1 2026 annual review: no changes.	11/2025