Prior Authorization for topical analgesics

Lidoderm patches (lidocaine 5%)

1. Does member have diagnosis of post-herpetic neuralgia or neuropathic pain due to cancer or palliative care?
   a. Yes- Continue to question 2
   b. No- Deny Cat 3 – *Lidoderm 5% patches are FDA approved only for use in post herpetic neuralgia.*

2. Has member tried and failed (or have contraindication to) ALL of the following at maximally tolerated doses?
   - Tricyclic antidepressants- amitriptyline, nortriptyline, desipramine or imipramine
   - Gabapentin
   - SNRIs- Venlafaxine or Duloxetine

   AND

   At least one topical agent from the following list:

   - Capsaicin
   - Lidocaine cream

   a. Yes- Continue to question 3
   b. No- Deny Cat 15 – *Member has not tried and failed or have contraindication to preferred formulary alternative treatments*.

3. Is dosing correct? Patches may be left on skin for a maximum of 12 hours in any 24 hour period
   a. Yes – May approve for up to 6 months, QL of 30 patches per 30 days
   b. No- Forward to Medical Director for evaluation of medical appropriateness

Voltaren gel (diclofenac 1%)

1. Is the member over the age of 18 with a diagnosis of osteoarthritis?
   a. Yes- Continue to question 2
   b. No- Deny Cat 3- Diclofenac gel is FDA approved for **r**elief of osteoarthritis pain in joints amenable to topical therapy (eg, ankle, elbow, foot, hand, knee, and wrist) in patients 18 and older. *Voltaren gel has not evaluated for or approved for use on the spine, hip or shoulder.*

Prior Authorization for topical analgesics

2. Does the member have any of the following risk factors for use of oral NSAIDs?

- Difficulty in or inability to swallow
- Over age 60
- History of GI bleed, peptic ulcer disease or long term need for PPIs.
- Chronic use of anti- coagulant or anti platelet agent (excludes low dose ASA)
- Chronic use of corticosteroids
- Low platelet count or bleeding disorder

a. Yes- Continue to question 3
b. No – Forward to Medical Director for evaluation of medical appropriateness

3. Is the dosing correct for the indication prescribed?

- Maximum total body dose of 1% gel should not exceed 32 grams per day
- Lower extremities: Apply up to 4 g of 1% gel to affected area 4 times daily (maximum: 16 grams per joint per day)
- Upper extremities: Apply up to 2 g of 1% gel to affected area 4 times daily (maximum: 8 grams per joint per day)

a. Yes- Approve with QL of 200 grams per 30 days
b. No- Deny Cat 3- *Prescribed dosing falls outside FDA approved dosing guidelines*