

Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Lidocaine Patch

Clinical Criteria Information included in this Document

- [Drugs requiring prior authorization](#): the list of drugs requiring prior authorization for this clinical criteria
- [Prior authorization criteria logic](#): a description of how the prior authorization request will be evaluated against the clinical criteria rules
- [Logic diagram](#): a visual depiction of the clinical criteria logic
- [Supporting tables](#): a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- [References](#): clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Annual review by staff

Added GCN for Dermacinrx Lidocan, Lidocan II, Lidocan III, Lidocan IV, and Lidocan V, Tridacaine, Tridacaine II, Tridacaine III, and Tridacaine XL (50272) to the Drugs Requiring PA section

Added GCNs for Disopyramide (01140, 01141) the supporting tables section

Updated references



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Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
DERMACINRX LIDOCAN 5% PATCH	50272
LIDOCAINE 5% PATCH	50272
LIDOCAN II 5% PATCH	50272
LIDOCAN III 5% PATCH	50272
LIDOCAN IV 5% PATCH	50272
LIDOCAN V 5% PATCH	50272
LIDODERM 5% PATCH	50272
TRIDACAINE 5% PATCH	50272
TRIDACAINE II 5% PATCH	50272
TRIDACAINE III 5% PATCH	50272
TRIDACAINE XL 5% PATCH	50272
ZTLIDO 1.8% TOPICAL SYSTEM	44495



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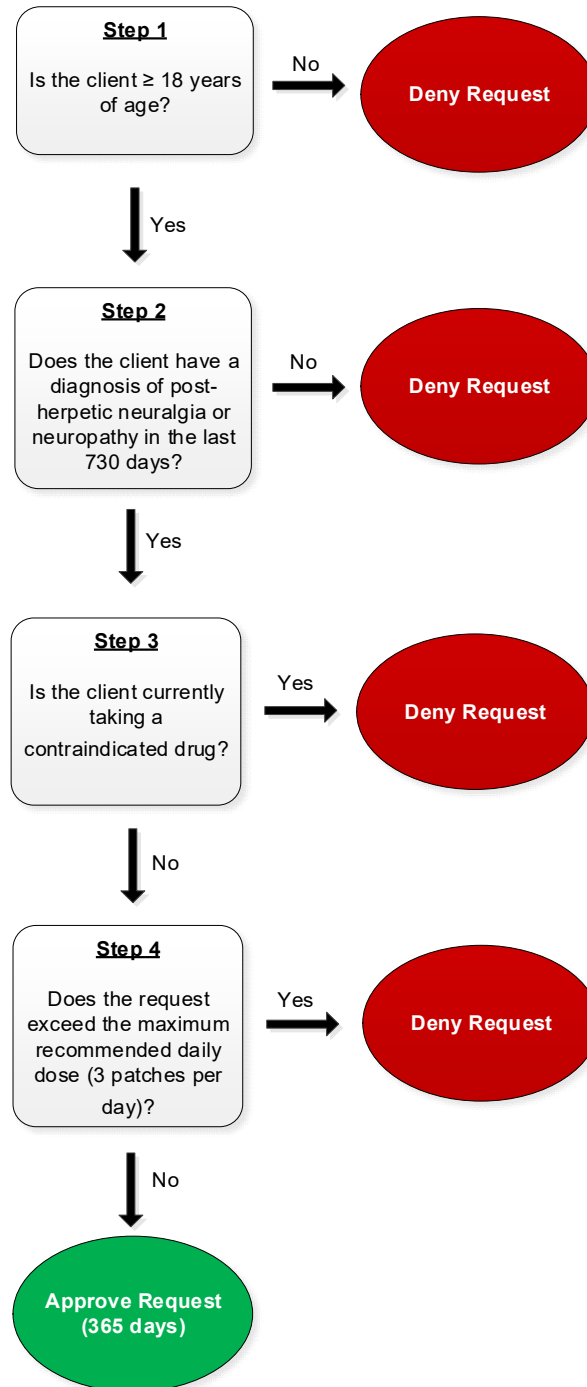
Clinical Criteria Logic

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. Is the client currently taking a [contraindicated drug](#)?
☐ Yes – Deny
☐ No – Go to #4
4. Does the request exceed the maximum recommended daily dose (3 patches per day)?
☐ Yes – Deny
☐ No – Approve (365 days)



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Clinical Criteria Logic Diagram





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Clinical Criteria Supporting Tables

Table 2 (diagnosis of neuralgia or neuropathy) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
B0222	POSTHERPETIC TRIGEMINAL NEURALGIA
B0223	POSTHERPETIC POLYNEUROPATHY
E0840	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC NEUROPATHY, UNSPECIFIED
E0841	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC MONONEUROPATHY
E0842	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC POLYNEUROPATHY
E0843	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E0844	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC AMYOTROPHY
E0849	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH OTHER DIABETIC NEUROLOGICAL CONDITION
E08610	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC NEUROPATHIC ARTHROPATHY
E0940	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E0941	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH DIABETIC MONONEUROPATHY
E0942	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH DIABETIC POLYNEUROPATHY
E0943	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E0944	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH DIABETIC AMYOTROPHY

Table 2 (diagnosis of neuralgia or neuropathy) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
E0949	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E09610	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E1340	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1341	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1342	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1343	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1344	OTHER SPECIFIED DIABETES MELLOITUS WITH DIABETIC AMYOTROPHY
E1349	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E1140	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1141	TYPE 2 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1142	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1143	TYPE 2 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1144	TYPE 2 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY
E1149	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E1040	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1041	TYPE 1 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1042	TYPE 1 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1043	TYPE 1 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1044	TYPE 1 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY

Table 2 (diagnosis of neuralgia or neuropathy) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
E1049	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
G589	MONONEUROPATHY, UNSPECIFIED
G600	HEREDITARY MOTOR AND SENSORY NEUROPATHY
G603	IDIOPATHIC PROGRESSIVE NEUROPATHY
G608	OTHER HEREDITARY AND IDIOPATHIC NEUROPATHIES
G609	HEREDITARY AND IDIOPATHIC NEUROPATHY, UNSPECIFIED

Table 3 (claim for a contraindicated drug) Required quantity: 1 Look back timeframe: <i>current therapy</i>	
GCN	Label Name
10921	AMIODARONE 100MG TABLET
10920	AMIODARONE 200MG TABLET
12465	AMIODARONE 400MG TABLET
01130	DISOPYRAMIDE 100MG CAPSULE
01140	DISOPYRAMIDE 100MG CAPSULE
01131	DISOPYRAMIDE 150MG CAPSULE
01141	DISOPYRAMIDE 150MG CAPSULE
92287	DOFETILIDE 125MCG CAPSULE
92297	DOFETILIDE 250MCG CAPSULE
92307	DOFETILIDE 500MCG CAPSULE
01580	FLECAINIDE ACETATE 100MG TABLET
01582	FLECAINIDE ACETATE 150MG TABLET

Table 3 (claim for a contraindicated drug) Required quantity: 1 Look back timeframe: <i>current therapy</i>	
GCN	Label Name
01581	FLECAINIDE ACETATE 50MG TABLET
12210	MEXILETINE 150MG CAPSULE
12211	MEXILETINE 200MG CAPSULE
12212	MEXILETINE 250MG CAPSULE
26586	MULTAQ 400MG TABLET
01130	NORPACE 100MG CAPSULE
01131	NORPACE 150MG CAPSULE
01140	NORPACE CR 100MG CAPSULE
01141	NORPACE CR 150MG CAPSULE
10921	PACERONE 100MG TABLET
10920	PACERONE 200MG TABLET
23573	PACERONE 300MG TABLET
12465	PACERONE 400MG TABLET
12431	PROPAFENONE HCL 150MG TABLET
12433	PROPAFENONE HCL 225MG TABLET
12432	PROPAFENONE HCL 300MG TABLET
21056	PROPAFENONE HCL ER 225MG CAPSULE
21056	PROPAFENONE HCL SR 225MG CAPSULE
21058	PROPAFENONE HCL ER 325MG CAPSULE
21059	PROPAFENONE HCL ER 425MG CAPSULE
01011	QUINIDINE GLUC ER 324MG TABLET
01053	QUINIDINE SULF 200MG TABLET
01055	QUINIDINE SULF 300MG TABLET

Table 3 (claim for a contraindicated drug) Required quantity: 1 Look back timeframe: <i>current therapy</i>	
GCN	Label Name
01060	QUINIDINE SULF ER 300MG TABLET
39512	SORINE 80MG TABLET
39516	SORINE 120MG TABLET
39511	SORINE 160MG TABLET
39513	SORINE 240MG TABLET
39516	SOTALOL 120MG TABLET
39511	SOTALOL 160MG TABLET
39513	SOTALOL 240MG TABLET
39512	SOTALOL 80MG TABLET
37877	SOTYLIZE 5MG/ML ORAL SOLUTION
92287	TIKOSYN 125MCG CAPSULE
92297	TIKOSYN 250MCG CAPSULE
92307	TIKOSYN 500MCG CAPSULE

**Lidocaine Patch****Clinical Criteria References**

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7. Price R, Smith D, Franklin G, et al. Oral and topical treatment of painful diabetic polyneuropathy practice guideline update. Report of the American Academy of Neurology. 2021.



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Publication History

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
01/29/2015	<ul style="list-style-type: none"> Presented to the DUR Board
02/27/2015	<ul style="list-style-type: none"> Initial publication and posting to website
07/31/2015	<ul style="list-style-type: none"> Review of ICD-9 and ICD-10 codes
02/15/2018	<ul style="list-style-type: none"> Updated question 3 Updated Table 3
03/29/2019	<ul style="list-style-type: none"> Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table
07/15/2019	<ul style="list-style-type: none"> Annual review by staff Added GCN for ZTLido to drug table Updated Table 3, pages 6-8 Updated references, pages 9-10
11/07/2019	<ul style="list-style-type: none"> Added GCNs for Lidopure and Zilacaine to drug table
01/17/2023	<ul style="list-style-type: none"> Removed GCNs for Lidopure and Zilacaine to drug table Updated references
01/09/2024	<ul style="list-style-type: none"> Annual review by staff Updated references
08/31/2024	<ul style="list-style-type: none"> Annual review by staff Added GCNs for Pacerone (23573), propafenone (21056), and quinidine (01055) to the Supporting Tables section Updated references
06/30/2025	<ul style="list-style-type: none"> Annual review by staff

Publication Date	Notes
	<ul style="list-style-type: none">• Added GCN for Dermacinrx Lidocan, Lidocan II, Lidocan III, Lidocan IV, and Lidocan V, Tridacaine, Tridacaine II, Tridacaine III, and Tridacaine XL (50272) to the Drugs Requiring PA section• Added GCNs for Disopyramide (01140, 01141) the supporting tables section• Updated references