

**Louisiana Medicaid
Lidocaine Cream (Lidotral™ 3.88%)**

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for lidocaine cream (Lidotral™ 3.88%).

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available [HERE](#).

Approval Criteria for Initiation and Continuation of Therapy

- There is no preferred alternative that is the exact same chemical entity, formulation, strength, etc.; **AND**
- Previous use of lidocaine 3% topical cream with treatment failure - The recipient has had a treatment failure with lidocaine 3% topical cream within the last 90 days. (Dates of lidocaine 3% topical cream use must be **stated on the request.**)

Duration of authorization approval: 2 weeks to 6 months

An appropriate duration of initial authorization and reauthorization approval (if needed) will be determined based upon patient-specific factors and the condition being treated.

Reference

Lidotral™ 3.88% (lidocaine) [package insert]. San Fernando, CA: PureTek Corporation; October 2015. <https://www.dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=23efec58-67cc-418d-85f5-7ef156443cbf&type=display>

Revision / Date	Implementation Date
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