PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

LIDODERM
(lidocaine patch 5%)

ZTLIDO
(lidocaine topical system)

Status: CVS Caremark Criteria
Type: Initial Prior Authorization with Quantity Limit

POLICY

FDA-APPROVED INDICATIONS

Lidoderm
Lidoderm is indicated for relief of pain associated with post-herpetic neuralgia. It should be applied only to **intact skin**.

ZTLido
ZTLido (lidocaine topical system) 1.8% is indicated for the relief of pain associated with post-herpetic neuralgia (PHN).

Compendial Uses
Pain associated with diabetic neuropathy
Pain associated with cancer-related neuropathy

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for any of the following:
  - Pain associated with post-herpetic neuralgia
  - Pain associated with diabetic neuropathy
  - Pain associated with cancer-related neuropathy (including treatment-related neuropathy [e.g. neuropathy associated with radiation treatment or chemotherapy])

Quantity Limits apply.
90 patches/30 days
270 patches/90 days

REFERENCES

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5. Barbano RL, Herrmann DN, Hart-Gouleau S, et al: Effectiveness, tolerability, and impact on quality of life of the 5% lidocaine patch in diabetic polyneuropathy. Arch Neurol 2004; 61:914-918.
6. Dworkin RH, O'Connor AB, Backonja M, et al. Pharmacologic Management of Neuropathic Pain: Evidence-based recommendations. *Pain* 2007; 132(3):237-251.

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9. Derry S, Wiffen PJ, Moore RA, et al. Topical lidocaine for neuropathic pain in adults (Review). *Cochrane Database Syst Rev* 2014. doi: 10.1002/14651858.CD010958.

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