Reference number(s)
1182-C, 125-C

Initial Prior Authorization with Quantity Limit
Lidoderm, ZTLido

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Lidoderm	lidocaine patch 5%
ZTLido	lidocaine topical system

Indications

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 relief of pain associated with post-herpetic neuralgia (PHN) in adults.

Compendial Uses

Pain associated with diabetic neuropathy[4]

Pain associated with cancer-related neuropathy[4,5]

Reference number(s)
1182-C, 125-C

Coverage Criteria

Pain Assoicated with Cancer-Related Neuropathy

Authorization may be granted when the requested drug is being prescribed for pain associated with cancer-related neuropathy (including treatment-related neuropathy [e.g., neuropathy associated with radiation treatment or chemotherapy])

Pain Associated with Diabetic Neuropathy

Authorization may be granted when the requested drug is being prescribed for pain associated with diabetic neuropathy

Pain Associated with Post-Herpetic Neuralgia

Authorization may be granted when the requested drug is being prescribed for pain associated with post-herpetic neuralgia

Continuation of Therapy

Pain Assoicated with Cancer-Related Neuropathy

Authorization may be granted when the requested drug is being prescribed for pain associated with cancer-related neuropathy (including treatment-related neuropathy [e.g., neuropathy associated with radiation treatment or chemotherapy]) when the following criteria is met:

- The patient has achieved or maintained a positive clinical response to the requested drug

Pain Associated with Diabetic Neuropathy

Authorization may be granted when the requested drug is being prescribed for pain associated with diabetic neuropathy when the following criteria is met:

- The patient has achieved or maintained a positive clinical response to the requested drug

Pain Associated with Post-Herpetic Neuralgia

Authorization may be granted when the requested drug is being prescribed for pain associated with post-herpetic neuralgia when the following criteria is met:

- The patient has achieved or maintained a positive clinical response to the requested drug

Quantity Limits Apply

90 patches/ 25 days or 270 patches/ 75 days

The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

Duration of Approval (DOA)

- 125-C: Initial therapy DOA: 3 months; Continuation of therapy DOA: 36 months
- 1182-C: Initial therapy DOA: 3 months; Continuation of therapy DOA: 12 months

References

1. Lidoderm [package insert]. San Jose, CA: TPU Pharma, Inc.; December 2022.
2. ZTLido [package insert]. Palo Alto, CA: Scilex Pharmaceuticals Inc.; April 2021.
3. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. https://online.lexi.com. Accessed August 29, 2024.
4. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: *08/29/2024*).
5. National Comprehensive Cancer Network (NCCN) Guidelines: Adult Cancer Pain V2.2023. National Comprehensive Cancer Network. Available from URL: http://www.nccn.org/professionals/physician_gls/PDF/pain.pdf. Accessed August 29, 2024.