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^{4,5,8} Pain associated with cancer-related neuropathy^{4,6,7}

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: A) Pain associated with post-herpetic neuralgia, B) Pain associated with diabetic neuropathy, C) 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.

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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.

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