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 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/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.

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