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) in adults.

Compendial Uses

Pain associated with diabetic neuropathy⁴ Pain associated with cancer-related neuropathy^{4,5}

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 270 patches/ 75 days

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- National Comprehensive Cancer Network (NCCN) Guidelines: Adult Cancer Pain V2.2022. National Comprehensive Cancer Network. Available from URL: http://www.nccn.org/professionals/physician_gls/PDF/pain.pdf. Accessed September 2022.
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