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 neuropathy[4]
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 pain associated with post-herpetic neuralgia
  AND
  - The request is NOT for continuation of therapy
    OR
  - The request is for continuation of therapy
    AND
    - The patient has achieved or maintained a positive clinical response to the requested drug

OR

- The requested drug is being prescribed for pain associated with diabetic neuropathy
  AND
  - The request is NOT for continuation of therapy
    OR
  - The request is for continuation of therapy
    AND
    - The patient has achieved or maintained a positive clinical response to the requested drug

OR

- 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])
  AND
  - The request is NOT for continuation of therapy
    OR

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- The request is for continuation of therapy
  AND
  - 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.; 2023. https://online.lexi.com. Accessed September 7, 2023.
4. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 09/07/2023).
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 September 7, 2023.

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