



## LIDODERM PATCHES

**Lidoderm Patches** (lidocaine patch 5%), **ZTLido\*** (lidocaine topical system 1.8%)

\*Prior authorization for the brand formulation applies only to formulary exceptions due to being a non-covered medication.

### Pre - PA Allowance Quantity

Drug	Quantity
Lidoderm Patches	270 units per 90 days

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## Prior-Approval Requirements

**Age** 18 years of age or older

### Diagnosis

Patient must have the following:

1. Neuropathic pain (i.e. post-herpetic neuralgia)

## Prior - Approval Limits

### Quantity

Drug	Quantity
Lidoderm Patches	540 units per 90 days

Drug <u>with approved MFE only</u>	Quantity
ZTLido Topical Systems	540 units per 90 days

**Duration** 12 months

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## Prior – Approval *Renewal* Requirements

Same as above

## Prior - Approval *Renewal* Limits

Same as above