

# 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<sup>4</sup>

Pain associated with cancer-related neuropathy<sup>4,5</sup>

### 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**

Lidoderm, ZTLido PA with Limit Policy 125-C, 1182-C UDR 10-2023

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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](http://www.nccn.org/professionals/physician_gls/PDF/pain.pdf). Accessed September 7, 2023.

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