



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Lidocaine Topical Patch

Page: 1 of 2

Effective Date: 2/13/2025

Last Review Date: 1/2025

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Michigan
	<input type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Florida Kids
	<input type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for lidocaine topical patch under the member's prescription drug benefit.

Description:

Lidoderm

Lidoderm is indicated for relief of pain associated with post-herpetic neuralgia. It should be applied only to **intact skin**.

Applicable Drug List:

Formulary Drug: Lidocaine 5% patch

Policy/Guideline:

- The requested drug is being prescribed for pain associated with post-herpetic neuralgia
AND
 - The request is NOT for continuation of therapy
AND
 - Documentation or Pharmacy claims history supporting trial and failure with topical lidocaine 4% patch
- OR**
 - The request is for continuation of therapy
AND
 - The patient has achieved or maintained a positive clinical response to the requested drug

Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Level Limit: 90 patches/30 days

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.; 2024. <https://online.lexi.com>. Accessed August 29, 2024.
4. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 08/29/2024).
5. Neurontin [package insert]. New York, NY: Parke-Davis Division of Pfizer Inc; July 2022.



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6. Lyrica [package insert]. New York, NY: Parke-Davis; June 2020.