			* ae	etna **
AETNA BE	TTER HEALTH®			
Coverage	Policy/Guideline			
Name:	Lidocaine Topical	Lidocaine Topical Patch		1 of 2
Effective Date: 3/27/2024			Last Review Date:	01/2024
Applies to:	⊠Illinois	□Florida	□Michigan	
	⊠New Jersey	□Maryland	□Florida Kids	
	⊠Pennsylvania Kids	□Virginia		

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for lidocaine 5% 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

 The patient has experienced an inadequate treatment response to at least a one-month trial of gabapentin or pregabalin

OR

- The patient has experienced an intolerance to gabapentin or pregabalin
 OR
- The patient has a contraindication that would prohibit a trial of gabapentin or pregabalin

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

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- 2. ZTLido [package insert]. Palo Alto, CA: Scilex Pharmaceuticals Inc.; April 2021.
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- 6. Lyrica [package insert]. New York, NY: Parke-Davis; June 2020.