

PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

LIDODERM
(lidocaine patch 5%)

Status: CVS Caremark Criteria

Type: Initial Prior Authorization with Quantity Limit

POLICY

FDA-APPROVED INDICATIONS

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

Compendial Uses

Pain associated with diabetic neuropathy
Pain associated with cancer-related neuropathy

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for any of the following:
 - Pain associated with post-herpetic neuralgia
 - Pain associated with diabetic neuropathy
 - Pain associated with cancer-related neuropathy (including treatment-related neuropathy [e.g. neuropathy associated with radiation treatment or chemotherapy]).

Quantity Limits apply.

90 patches/25 days*

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.*

REFERENCES

1. Lidoderm [package insert]. Chadds Ford, PA: Endo Pharmaceuticals Inc.; January 2015.
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4. Barbano RL, Herrmann DN, Hart-Gouleau S, et al: Effectiveness, tolerability, and impact on quality of life of the 5% lidocaine patch in diabetic polyneuropathy. *Arch Neurol* 2004; 61:914-918.
5. Dworkin RH, O'Connor AB, Backonja M, et al. Pharmacologic Management of Neuropathic Pain: Evidence-based Recommendations. *Pain* 2007; 132(3):237-251.
6. National Comprehensive Cancer Network: Adult Cancer Pain V.2.2017. National Comprehensive Cancer Network. Fort Washington, PA. 2008. Available from URL: http://www.nccn.org/professionals/physician_gls/PDF/pain.pdf. Accessed September 2017.

Lidoderm Policy 125-C 09-2017.doc

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7. Vadalouca A, Raptis E, Moka E, et al. Pharmacological Treatment of Neuropathic Cancer Pain: A Comprehensive Review of Current Literature. World Institute of Pain. *Pain Practice*. 2011; 12(3):219-251.