

Gateway Health
Prior Authorization Criteria
Lidoderm 5% (Lidocaine Topical Patch 5%)

All requests for Lidoderm 5% (Lidocaine Topical Patch 5%) require a prior authorization and will be screened for medical necessity and appropriateness using the criteria listed below.

Lidoderm 5% (Lidocaine Topical Patch 5%) Prior Authorization Criteria:

Coverage may be provided with a diagnosis of Postherpetic Neuralgia and the following criteria is met:

- Member must be 18 years of age or older.
- Member must have pain that persists beyond 4 months following a documented episode of acute varicella-zoster.
- Member must have a history of trial and failure, contraindication, or intolerance to ALL of the following:
 - Three week trial of a Tricyclic Antidepressant (e.g. nortriptyline, amitriptyline, desipramine)
 - Thirty day trial of either gabapentin or pregabalin (Lyrica™).
- The requested dose and frequency is in accordance with FDA-approved labeling, nationally recognized compendia, and/or evidence-based practice guidelines
- **Initial Duration of Approval:** 3 months
- **Reauthorization criteria**
 - Reauthorization benefit will be approved if there is documented, significant improvement with prior courses of treatment
- **Reauthorization Duration of approval:** 12 months

When criteria are not met, the request will be forwarded to a Medical Director for review. The physician reviewer must override criteria when, in their professional judgment, the requested medication is medically necessary.