curative

Topical Lidocaine Prior Authorization

Drug(s) Applied:	**lidocaine urethral/mucosal gel, Glydo** (lidocaine urethral/mucosal gel)**, lidocaine patch 5%, lidocaine-prilocaine cream 2.5%-2.5%**

Criteria:
Drug(s) Applied will be approved when the requested medication is being used for a compendia-supported indication and all of the following criteria are met:

I. Initial Therapy Criteria
- **A. Postherpetic neuralgia** as indicated by chart notes within past 180 days
  1. Request is for lidocaine patch 5%

  Approval Duration: 3 months

- **B. Neuropathic pain associated with cancer or cancer treatment** as indicated by chart notes within past 180 days
  1. Request is for lidocaine patch 5%

  Approval Duration: 3 months

- **C. Localized pain or other compendia-supported indication** as indicated by chart notes within past 180 days
  1. Request is NOT for lidocaine patch 5%

  Approval Duration: 3 months

I. Continued Therapy Criteria
- **A. All indications** as indicated by chart notes within past 180 days
  1. Patient meets the initial therapy criteria above

  Approval Duration: 6 months

References:

1. Lidocaine patch 5% prescribing information. Yaral Pharma, Inc. December 2022.
2. Tsai, JH., Liu, IT., Su, PF. et al. Lidocaine transdermal patches reduced pain intensity in neuropathic cancer patients already receiving opioid treatment. BMC Palliat Care 22, 4 (2023). Link.

Policy Owned by: Curative PBM team