



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%
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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: 12 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: 12 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: 12 months

I. Continued Therapy Criteria

- A. **All indications** as indicated by chart notes within past 12 months
 - 1. Patient meets the initial therapy criteria above

Approval Duration: 12 months

Policy Owned by: Curative PBM team

