



## Topical Lidocaine Prior Authorization

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