UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 1209-10
Program	Prior Authorization/Notification – Lidocaine Patch
Medication	Lidocaine Patch (Lidoderm®*), ZTLido™
P&T Approval Date	2/2017, 3/2018, 3/2019, 4/2020, 6/2021, 8/2021, 9/2022, 11/2023, 11/2024, 12/2025
Effective Date	3/1/2026

1. Background:

Lidocaine patch (Lidoderm) and ZTLido are indicated for the relief of pain associated with post-herpetic neuralgia (PHN). The American Academy of Neurology recommends the use of lidocaine patch as an option for the management of PHN. Evidence also exists in support of using lidocaine patch for non-PHN neuropathies.

2. Coverage Criteria[a]:

A. Initial Authorization

1. **Lidocaine patch or ZTLido** will be approved based on **both** of the following criteria:

   a. **One** of the following:

      (1) Diagnosis of post-herpetic neuralgia
      (2) Diagnosis of neuropathic pain

      -AND-

   b. Patch will be applied only to intact skin

Initial authorization will be issued for 12 months.

B. Reauthorization

1. **Lidocaine patch or ZTLido** will be approved based on the following criterion:

   a. Documentation of positive clinical response to therapy

Reauthorization will be issued for 12 months.

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

*Applies to brand and generic lidocaine patches. Brand Lidoderm is typically excluded from coverage.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place

4. References:

1. Baron, R., Allegri, M., Correa-Illanes, G., et al. The 5% Lidocaine-Medicated Plaster: Its Inclusion in International Treatment Guidelines for Treating Localized Neuropathic Pain, and Clinical Evidence Supporting its Use. Pain Ther. 2016; 5: 149.
2. Derry S, Wiffen PJ, Moore RA, et al. Topical Lidocaine for Neuropathic Pain in Adults (Review). Cochrane Database of Systemic Reviews 2014; 7: 1-41.
3. Finnerup NB, Attal N, Haroutounian S, et al. Pharmacotherapy for Neuropathic Pain in Adults: Systematic Review, Meta-analysis and Updated NeuPSIG Recommendations. The Lancet Neurology. 2015; 14(2):162-173.
4. Gilron, Ian et al. Neuropathic Pain: Principles of Diagnosis and Treatment. Mayo Clinic Proceedings, Volume 90, Issue 4, 532 – 545.
5. Lidoderm [package insert]. San Jose, CA: TPU Pharma; December 2022.
6. Soliman N, Abuukar Abdullahi R et al. Pharmacotherapy and non-invasive neuromodulation for neuropathic pain: a systematic review and meta-analysis.The Lancet Neurology, Volume 24, Issue 5, 413 - 428
7. ZTLido [package insert]. San Diego, CA: Scilex Pharmaceuticals Inc; April 2021.

Program	Prior Authorization/Notification – Lidoderm
Change Control	
Date	Change
2/2017	New program.
3/2018	Annual review with no change.
3/2019	Updated references. No changes to coverage criteria.
4/2020	Added ZTLido to program.
6/2021	Annual review. Updated references.
8/2021	Removed footnote on ZTLido, it is no longer excluded.
9/2022	Annual review. Added state mandate footnote.
11/2023	Annual review. Updated references.
11/2024	Increased initial authorization to 12 months. Updated references.
12/2025	Annual review. Updated references.