Topical Lidocaine Prior Authorization with Quantity Limit Program Summary

POLICY REVIEW CYCLE

Effective Date **Date of Origin**
01-01-2024

POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Premium lidocaine	Lidocaine Oint 5%	5 %	M ; N ; O ; Y	Y		
Ztlido	Lidocaine Patch 1.8% (36 MG)	1.8 %	M ; N ; O ; Y	N		
Lidocan ; Lidocan ii ; Lidoderm	Lidocaine Patch 5%	5 %	M ; N ; O ; Y	O ; Y		
Pliaglis	Lidocaine-Tetracaine Cream 7-7%	7-7 %	M ; N ; O ; Y	M		
Synera	Lidocaine-Tetracaine Topical Patch 70-70 MG	70-70 MG	M ; N ; O ; Y	N		

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
7t lido gel ; Afterburn ; Alocane emergency burn ma ; Aloe gel/lidocaine ; Aloe vera burn relief ; Anecream ; Aspercreme lidocaine ; Aspercreme lidocaine max ; Aspercreme lidocaine patc ; Aspercreme lidocaine w/eu ; Aspercreme lidocaine wlav ; Aspercreme max strength ; Aspercreme w/lidocaine ; Aspercreme/lidocaine ; Aspercreme/lidocaine /esse ; Asperflex lidocaine ; Asperflex lidocaine topic ; Asperflex maximum strengt ; Asperflex pain relieving ;	*lidocaine hcl cream ; lidocaine aerosol ; lidocaine cream ; lidocaine gel ; lidocaine hcl aerosol soln ; lidocaine hcl cream ; lidocaine hcl gel ; lidocaine hcl liquid ; lidocaine hcl lotion ; lidocaine hcl oint ; lidocaine hcl pad ; lidocaine hcl patch ; lidocaine hcl soln ; lidocaine hcl urethral/mucosal gel ; lidocaine hcl urethral/mucosal gel prefilled syringe ; lidocaine lotion ; lidocaine oint ; lidocaine patch ; lidocaine soln ; lidocaine spray solution	0.5 % ; 1 % ; 1.8 % ; 10 % ; 2 % ; 2.5 % ; 2.8 % ; 3 % ; 3.25 % ; 3.5 % ; 3.88 % ; 4 % ; 4.12 % ; 5 % ; 9.6 %	120	Each	30	DAYS	NOTE cumulative QvT		

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Astero ; Bengay lidocaine ; Blue tube pain relieving/ ; Blue-emu pain relief dry- ; Burn jel max ; Burn relief ; Burn relief spray ; Cooling ; Cvs aftersun aloe vera co ; Cvs burn relief ; Cvs burn relief spray ; Cvs lidocaine maximum str ; Cvs lidocaine pain relief ; Cvs pain relief maximum s ; Cvs pain relief/maximum s ; Cvs sunburn relief coolin ; Dermacinrx lidogel ; Dologesic pain relief rol ; Eha lotion 4% ; Enovarx-lidocaine hcl ; Eq lidocaine pain relievi ; First care pain relief ; First care pain relief ge ; Gen7t ; Glydo ; Gnp burn relief ; Gnp burn relief aloe vera ; Gnp burn relief spray alo ; Gnp lidocaine pain relief ; Gnp lidocaine pain reliev ; Gold bond multi-symptom/i ; Gold bond pain & itch rel ; Goodsense pain relief max ; Healthwise pain relief ; Hm lidocaine patch ; K-y duration sray for men ; Lansinoh pain relief spra ; Ldo plus ; Lidaflex ; Lido king ; Lido-sorb ; Lidocaine maximum strengt ; Lidocaine pain relief max ; Lidocaine pain relief pat ; Lidocaine pain relieving ; Lidocaine plus ; Lidocaine topical pain pa ; Lidocan ; Lidocan ii ; Lidocanna ; Lidocare arm/neck/leg ; Lidocare back/shoulder ; Lidocore ; Lidoderm ; Lidodose ; Lidodose pediatric bulk p ; Lidofore 4% flexipatch ; Lidopin ; Lidorex ; Lidorx ; Lidotral ; Lidotran ; Lidtopic max ; Lmx 4 ; Lubricaine ; Lydexa ; Medi-first burn spray ; Pain relief roll-on liqui ; Pain relieving lidocaine ; Pain relieving/lidocaine ; Pharmacist choice pain re ; Premium									

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
lidocaine ; Proxivol ; Qc lidocaine pain relief ; Qc pain relieving/lidocai ; Ra lidocaine pain relievi ; Ra pain relief ; Ra pain relieving patch m ; Radiaguard advanced ; Re-lieved maximum strengt ; Regenecare ha ; Salonpas pain relieving f ; Salonpas pain relieving g ; Solarcaine cool aloe ; Sun burnt plus pain relie ; Theracare pain relief max ; Topicaine ; Welmate lidocaine pain re ; Xeroburn ; Xolido ; Xolido xp ; Zionodil ; Zionodil 100 ; Ztlido ; Zylotrol-l									
Pliaglis	Lidocaine-Tetracaine Cream 7-7%	7-7 %	100	Grams	30	DAYS			
Synera	Lidocaine-Tetracaine Topical Patch 70-70 MG	70-70 MG	4	Patches	28	DAYS			

CLIENT SUMMARY – PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Lidocan ; Lidocan ii ; Lidoderm	Lidocaine Patch 5%	5 %	Boeing
Pliaglis	Lidocaine-Tetracaine Cream 7-7%	7-7 %	Boeing
Premium lidocaine	Lidocaine Oint 5%	5 %	Boeing
Synera	Lidocaine-Tetracaine Topical Patch 70-70 MG	70-70 MG	Boeing
Ztlido	Lidocaine Patch 1.8% (36 MG)	1.8 %	Boeing

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
7t lido gel ; Afterburn ; Alocane emergency burn ma ; Aloe gel/lidocaine ; Aloe vera burn relief ; Anecream ; Aspercreme lidocaine ; Aspercreme lidocaine max ; Aspercreme lidocaine patc ; Aspercreme lidocaine w/eu ; Aspercreme lidocaine wlav ; Aspercreme max strength ; Aspercreme w/lidocaine ; Aspercreme/lidocaine ; Aspercreme/lidocaine/esse ; Asperflex lidocaine ; Asperflex lidocaine topic ; Asperflex maximum strengt ; Asperflex pain relieving ; Astero ; Bengay lidocaine ; Blue tube pain relieving/ ; Blue-emu pain relief dry- ; Burn jel max ; Burn relief ; Burn relief spray ; Cooling ; Cvs aftersun aloe vera co ; Cvs burn relief ; Cvs burn relief spray ; Cvs lidocaine maximum str ; Cvs lidocaine pain relief ; Cvs pain relief maximum s ; Cvs pain relief/maximum s ; Cvs sunburn relief coolin ; Dermacinrx lidogel ; Dologesic pain relief rol ; Eha lotion 4% ; Enovarx-lidocaine hcl ; Eq lidocaine pain relievi ;	*lidocaine hcl cream ; lidocaine aerosol ; lidocaine cream ; lidocaine gel ; lidocaine hcl aerosol soln ; lidocaine hcl cream ; lidocaine hcl gel ; lidocaine hcl liquid ; lidocaine hcl lotion ; lidocaine hcl oint ; lidocaine hcl pad ; lidocaine hcl patch ; lidocaine hcl soln ; lidocaine hcl urethral/mucosal gel ; lidocaine hcl urethral/mucosal gel prefilled syringe ; lidocaine lotion ; lidocaine oint ; lidocaine patch ; lidocaine soln ; lidocaine spray solution	0.5 % ; 1 % ; 1.8 % ; 10 % ; 2 % ; 2.5 % ; 2.8 % ; 3 % ; 3.25 % ; 3.5 % ; 3.88 % ; 4 % ; 4.12 % ; 5 % ; 9.6 %	Boeing

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
First care pain relief ; First care pain relief ge ; Gen7t ; Glydo ; Gnp burn relief ; Gnp burn relief aloe vera ; Gnp burn relief spray alo ; Gnp lidocaine pain relief ; Gnp lidocaine pain reliev ; Gold bond multi-symptom/i ; Gold bond pain & itch rel ; Goodsense pain relief max ; Healthwise pain relief ; Hm lidocaine patch ; K-y duration sray for men ; Lansinoh pain relief spra ; Ldo plus ; Lidaflex ; Lido king ; Lido-sorb ; Lidocaine maximum strengt ; Lidocaine pain relief max ; Lidocaine pain relief pat ; Lidocaine pain relieving ; Lidocaine plus ; Lidocaine topical pain pa ; Lidocan ; Lidocan ii ; Lidocanna ; Lidocare arm/neck/leg ; Lidocare back/shoulder ; Lidocore ; Lidoderm ; Lidodose ; Lidodose pediatric bulk p ; Lidofore 4% flexipatch ; Lidopin ; Lidorex ; Lidorx ; Lidotral ; Lidotran ; Lidtopic max ; Lmx 4 ; Lubricaine ; Lydexa ; Medi-first burn spray ; Pain relief roll-on liqui ; Pain relieving lidocaine ; Pain relieving/lidocaine ; Pharmacist choice pain re ; Premium lidocaine ; Proxivol ; Qc lidocaine pain relief ; Qc pain relieving/lidocai ; Ra lidocaine pain relievi ; Ra pain relief ; Ra pain relieving patch m ; Radiaguard advanced ; Re-lieved maximum strengt ; Regenecare ha ; Salonpas pain relieving f ; Salonpas pain relieving g ; Solarcaine cool aloe ; Sun burnt plus pain relie ; Theracare pain relief max ; Topicaine ; Welmate lidocaine pain re ; Xeroburn ; Xolido ; Xolido xp ; Zionodil ; Zionodil 100 ; Ztlido ; Zylotrol-l			
Pliaglis	Lidocaine-Tetracaine Cream 7-7%	7-7 %	Boeing
Synera	Lidocaine-Tetracaine Topical Patch 70-70 MG	70-70 MG	Boeing

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
lidocaine topical ointment 5%	**lidocaine topical ointment 5%** will be approved when BOTH of the following are met: 1. The requested agent will be used for ONE of the following indications: A. Anesthesia of accessible mucous membranes of the oropharynx **OR** B. Anesthetic lubricant for intubation **OR** C. BOTH of the following: 1. The patient has ONE of the following: A. Pain associated with minor burns, including sunburn, abrasions of the skin, and insect bites **OR** B. Another FDA approved indication for the requested agent and route of administration **AND** 2. ONE of the following: A. BOTH of the following: 1. ONE of the following: A. The prescriber has stated that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat the cancer **OR** B. The prescriber has submitted documentation that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat an associated

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	condition related to stage four advanced metastatic cancer [chart notes are required] **AND** 2. The use of the requested agent is consistent with best practices for the treatment of stage four advanced, metastatic cancer, or an associated condition; supported by peer-reviewed, evidence-based literature; and approved by the United States Food and Drug Administration **OR** B. The patient is currently being treated with the requested agent and the patient is currently stable on the requested agent [chart notes are required] **OR** C. The patient has tried and had an inadequate response to over-the-counter topical lidocaine [chart notes are required] **OR** D. Over-the-counter topical lidocaine was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes are required] **OR** E. The patient has an intolerance or hypersensitivity to over-the-counter topical lidocaine that is not expected to occur with the requested agent [chart notes are required] **OR** F. The patient has an FDA labeled contraindication to ALL over-the-counter topical lidocaine that is not expected to occur with the requested agent [chart notes are required] **OR** G. Over-the-counter topical lidocaine is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug; **OR** cause a significant barrier to the patient's adherence of care; **OR** worsen a comorbid condition; **OR** decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities; **OR** cause an adverse reaction or cause physical or mental harm [chart notes are required] **OR** H. Over-the-counter topical lidocaine is not in the best interest of the patient based on medical necessity [chart notes are required] **OR** I. The patient has tried another drug in the same pharmacologic class or with the same mechanism of action as over-the-counter topical lidocaine and that drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes are required] **OR** J. The prescriber has provided information that indicates over-the-counter topical lidocaine is not clinically appropriate **AND** 2. The patient does NOT have any FDA labeled contraindications to the requested agent **Length of Approval:** 12 months NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.
Lidoderm (lidocaine patch 5%) and ZTlido (lidocaine topical system 1.8%)	**Lidoderm (lidocaine patch 5%) and ZTlido (lidocaine topical system 1.8%)** will be approved when ALL of the following are met: 1. The requested agent will be used for ONE of the following indications: A. Pain associated with post-herpetic neuralgia (PHN) **OR** B. Neuropathic pain associated with cancer or cancer treatment **OR** C. Another FDA approved indication for the requested agent and route of administration **AND** 2. ONE of the following: A. BOTH of the following: 1. ONE of the following: A. The prescriber has stated that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat the cancer **OR** B. The prescriber has submitted documentation that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat an associated condition

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	related to stage four advanced metastatic cancer [chart notes are required] **AND** 2. The use of the requested agent is consistent with best practices for the treatment of stage four advanced, metastatic cancer, or an associated condition; supported by peer-reviewed, evidence-based literature; and approved by the United States Food and Drug Administration **OR** B. The patient is currently being treated with the requested agent and the patient is currently stable on the requested agent [chart notes are required] **OR** C. The patient has tried and had an inadequate response over-the-counter topical lidocaine [chart notes are required] **OR** D. Over-the-counter topical lidocaine was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes are required] **OR** E. The patient has an intolerance or hypersensitivity to over-the-counter topical lidocaine that is not expected to occur with the requested agent [chart notes are required] **OR** F. The patient has an FDA labeled contraindication to ALL over-the-counter topical lidocaine that is not expected to occur with the requested agent [chart notes are required] **OR** G. Over-the-counter topical lidocaine is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug; **OR** cause a significant barrier to the patient's adherence of care; **OR** worsen a comorbid condition; **OR** decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities; **OR** cause an adverse reaction or cause physical or mental harm [chart notes are required] **OR** H. Over-the-counter topical lidocaine is not in the best interest of the patient based on medical necessity [chart notes are required] **OR** I. The patient has tried another prescription drug in the same pharmacologic class or with the same mechanism of action as over-the-counter topical lidocaine and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes are required] **OR** J. The prescriber has provided information that indicates over-the-counter topical lidocaine is not clinically appropriate **AND** 3. The patient does NOT have any FDA labeled contraindications to the requested agent **Length of Approval:** 12 months NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.
Pliaglis (lidocaine 7%/tetracaine cream 7%)	**Pliaglis (lidocaine 7%/tetracaine cream 7%)** will be approved when BOTH of the following are met: 1. The requested agent will be used for ONE of the following indications: A. Analgesia for superficial dermatological procedures such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal **OR** B. BOTH of the following: 1. The patient has ONE of the following: A. Another FDA approved indication for the requested agent and route of administration **AND** 2. ONE of the following: A. BOTH of the following: 1. ONE of the following: A. The prescriber has stated that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat the cancer **OR** B. The prescriber has submitted documentation that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat an associated

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	condition related to stage four advanced metastatic cancer [chart notes are required] **AND** 2. The use of the requested agent is consistent with best practices for the treatment of stage four advanced, metastatic cancer, or an associated condition; supported by peer-reviewed, evidence-based literature; and approved by the United States Food and Drug Administration **OR** B. The patient is currently being treated with the requested agent and the patient is currently stable on the requested agent [chart notes are required] **OR** C. The patient has tried and had an inadequate response to over-the-counter topical lidocaine [chart notes are required] **OR** D. Over-the-counter topical lidocaine was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes are required] **OR** E. The patient has an intolerance or hypersensitivity to over-the-counter topical lidocaine that is not expected to occur with the requested agent [chart notes are required] **OR** F. The patient has an FDA labeled contraindication to ALL over-the-counter topical lidocaine that is not expected to occur with the requested agent [chart notes are required] **OR** G. Over-the-counter topical lidocaine is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug; **OR** cause a significant barrier to the patient's adherence of care; **OR** worsen a comorbid condition; **OR** decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities; **OR** cause an adverse reaction or cause physical or mental harm [chart notes are required] **OR** H. Over-the-counter topical lidocaine is not in the best interest of the patient based on medical necessity [chart notes are required] **OR** I. The patient has tried another drug in the same pharmacologic class or with the same mechanism of action as over-the-counter topical lidocaine and that drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes are required] **OR** J. The prescriber has provided information that indicates over-the-counter topical lidocaine is not clinically appropriate **AND** 2. The patient does NOT have any FDA labeled contraindications to the requested agent **Length of Approval:** 12 months NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.
Synera (lidocaine 70 mg/tetracaine 70 mg patch)	**Synera (lidocaine 70 mg/tetracaine 70 mg patch)** will be approved when BOTH of the following are met: 1. The requested agent will be used for ONE of the following indications: A. Local dermal analgesia for superficial venous access **OR** B. Local dermal analgesia for superficial dermatological procedures such as excision, electrodessication, and shave biopsy of skin lesions **OR** C. BOTH of the following: 1. The patient has ONE of the following: A. Another FDA approved indication for the requested agent and route of administration **AND** 2. ONE of the following: A. BOTH of the following: 1. ONE of the following: A. The prescriber has stated that the patient has been diagnosed with stage four advanced,

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	metastatic cancer and the requested agent is being used to treat the cancer **OR** B. The prescriber has submitted documentation that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat an associated condition related to stage four advanced metastatic cancer [chart notes are required] **AND** 2. The use of the requested agent is consistent with best practices for the treatment of stage four advanced, metastatic cancer, or an associated condition; supported by peer-reviewed, evidence-based literature; and approved by the United States Food and Drug Administration **OR** B. The patient is currently being treated with the requested agent and the patient is currently stable on the requested agent [chart notes are required] **OR** C. The patient has tried and had an inadequate response to over-the-counter topical lidocaine [chart notes are required] **OR** D. Over-the-counter topical lidocaine was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes are required] **OR** E. The patient has an intolerance or hypersensitivity to over-the-counter topical lidocaine that is not expected to occur with the requested agent [chart notes are required] **OR** F. The patient has an FDA labeled contraindication to ALL over-the-counter topical lidocaine that is not expected to occur with the requested agent [chart notes are required] **OR** G. Over-the-counter topical lidocaine is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug; **OR** cause a significant barrier to the patient's adherence of care; **OR** worsen a comorbid condition; **OR** decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities; **OR** cause an adverse reaction or cause physical or mental harm [chart notes are required] **OR** H. Over-the-counter topical lidocaine is not in the best interest of the patient based on medical necessity [chart notes are required] **OR** I. The patient has tried another drug in the same pharmacologic class or with the same mechanism of action as over-the-counter topical lidocaine and that drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes are required] **OR** J. The prescriber has provided information that indicates over-the-counter topical lidocaine is not clinically appropriate **AND** 2. The patient does NOT have any FDA labeled contraindications to the requested agent **Length of Approval:** 12 months NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	Quantity Limit for the Target Agent(s) will be approved when ONE of the following is met: 1. The requested quantity (dose) does NOT exceed the program quantity limit **OR** 2. ALL of the following: A. The requested quantity (dose) exceeds the program quantity limit **AND** B. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication **AND**

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	C. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit **OR** 3. ALL of the following: A. The requested quantity (dose) exceeds the program quantity limit **AND** B. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication **AND** C. The prescriber has provided information in support of therapy with a higher dose for the requested indication **Length of Approval**: 12 months