

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

Ztlido (lidocaine)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Ztlido (lidocaine) 1.8% topical system	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Ztlido (lidocaine) topical system may be approved if the following criteria/criterion are/is met:

- I. Individual is using for relief of pain associated with post-herpetic neuralgia (PHN).

Note: One Ztlido (lidocaine) topical system 1.8% provides equivalent lidocaine exposure to one Lidoderm (lidocaine) patch 5%.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

1. Ztlido [Package insert]. San Diego, CA. Scilex Pharmaceuticals; 2018. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/207962s000lbl.pdf. Accessed on: March 9, 2018.
2. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
3. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.
4. DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.
5. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.