 JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans Pharmacy Public Pharmacy Management Drug Policies	<i>Policy Number</i>	MEDS015
		<i>Effective Date</i>	01/17/2024
		<i>Approval Date</i>	01/17/2024
	<i>Subject</i> ZTlido	<i>Supersedes Date</i>	N/A
		<i>Page</i>	1 of 2

This document applies to the following Participating Organizations:

Priority Partners

Keywords: ZTlido

Table of Contents	Page Number
I. POLICY	1
II. POLICY CRITERIA	1
A. ZTlido	1
III. AUTHORIZATION PERIOD/LIMITATIONS	1
IV. EXCLUSIONS	1
V. REFERENCES	2
VI. APPROVALS	2

I. POLICY

- A. ZTlido™ (lidocaine 1.8% topical system) will require prior authorization to ensure appropriate use. The process for initiating a prior authorization request can be found in policy PHARM 20.
1. PPMCO members are subject to the Priority Partners formulary, available at www.ppmco.org.
 2. USFHP members are subject to prior authorization criteria, step-edits and days-supply limits outlined in the Tricare Policy Manual. Tricare Policy supersedes JHHC Medical/Pharmacy Policies. Tricare limits may be accessed at: http://pec.ha.osd.mil/formulary_search.php?submenuheader=1

II. POLICY CRITERIA


- A. **ZTlido** (lidocaine 1.8% topical system) may be approved when the following criteria have been met:
1. Documented diagnosis of pain associated with post-herpetic neuralgia
 2. Documented treatment failure or intolerance to medications commonly used to treat the identified diagnosis, or a formulary lidocaine patch

III. AUTHORIZATION PERIOD/LIMITATIONS

- A. Initial approval will be restricted to 12 months.
- B. Continuation of therapy may be approved in 12-month intervals with documentation of the patient's continued benefit and improvement in pain scale assessment.
- C. *NOTE: A maximum of up to three ZTlido™ 1.8% topical systems may be used once daily for up to 12 hours within a 24-hour period. Systems may be cut into smaller sizes and must be applied to intact skin.*

IV. EXCLUSIONS

- A. Osteoarthritis
- B. Lower back pain
- C. Other indications not included in the criteria above
- D. The use of physician samples, or manufacturer product discounts, does not guarantee coverage under the provisions of the medical and/or pharmacy benefit. All pertinent criteria must be met in order to be eligible for benefit coverage.

 JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans Pharmacy Public Pharmacy Management Drug Policies	<i>Policy Number</i>	MEDS015
		<i>Effective Date</i>	01/17/2024
		<i>Approval Date</i>	01/17/2024
	<i>Subject</i> ZTlido	<i>Supersedes Date</i>	N/A
		<i>Page</i>	2 of 2

V. REFERENCES

1. Argoff CE. Review of current guidelines on the care of postherpetic neuralgia. *Postgrad Med* 2011; 123(5):134-42.
2. Bril V, England J, Franklin GM, Backonja M, Cohen J, Del Toro D, et al. Evidence-based guideline: treatment of painful diabetic neuropathy: report of the American academy of neurology, the American association of neuromuscular and electrodiagnostic medicine, and the American academy of physical medicine and rehabilitation. *Neurology*. 2011;76(20):1758–65
3. ZTlido™ [lidocaine 1.8% topical system package insert]. San Diego, CA: Scilex Pharmaceuticals Inc; 2018 November
4. Argoff CE. New analgesics for neuropathic pain: the lidocaine patch. *Clin J Pain* 2000; 16(2 Suppl):S62–6.

VI. APPROVALS

Signature on file at JHHC

DATE OF REVISION	SUMMARY OF CHANGE
04/20/2016	Removed background information & Updated reference; added diabetic neuropathy as a covered indication, updated authorization duration
07/27/2017	Updated Exclusion section regarding physician samples
09/12/2019	Added criteria for ZTlido
10/07/2019	Clarified criteria
01/17/2024	Removed lidocaine patch (Generic of Lidoderm) as an applicable drug

Review/Revision Dates: 01/16/2008, 1/14/2009, 6/2012, 3/1/2014, 04/20/2016, 07/27/2017, 09/12/2019, 10/07/2019, 10/16/2019, 12/27/2022, 01/17/2024