

## PHARMACY PRE-AUTHORIZATION CRITERIA

<b>DRUG (S)</b>	<b>Anastia Lotion (2.75% lidocaine lotion)</b> <b>Livixil (lidocaine 2.5%/prilocaine 2.5% cream)</b> <b>Numbonex Lotion (2.75% lidocaine lotion)</b> <b>Tranzarel (4% topical gel) (4% gel)</b> <b>Lidtopic Max (10% lidocaine cream)</b> <b>ZTLIDO (1.8% lidocaine patch)</b>
<b>POLICY #</b>	<b>12120</b>
<b>INDICATIONS</b>	<p><b>Anastia and Numbonex</b> are indicated for the relief of pruritus, pruritic eczemas, abrasions, minor burns, insect bites, pain, soreness and discomfort due to pruritus ani, pruritus vulvae, hemorrhoids, anal fissures, and similar conditions of the skin and mucous membranes.</p> <p><b>Livixil Pak</b> is a topical anesthetic for use on normal intact skin to provide local analgesia.</p> <p><b>Tranzarel</b> is a topical gel indicated for the relief of pain and itching due to minor skin irritations, burns, sunburns, cuts, scrapes, and insect bites.</p> <p><b>ZTLIDO</b> (lidocaine topical system) 1.8% is indicated for relief of pain associated with post-herpetic neuralgia (PHN).</p>
<b>CRITERIA</b>	<p>ConnectiCare considers <b>Anastia, Lidtopic Max, Numbonex</b> and <b>Tranzarel</b> to be medically necessary for patients who meet the following criteria:</p> <ul style="list-style-type: none"><li>• Patient is diagnosed with the Indications listed above</li></ul> <p><b>AND</b></p> <ul style="list-style-type: none"><li>• Patient has tried a minimum of three (3) other topical lidocaine products</li></ul> <p><b>Livixil</b> is covered only if the following prior authorization criteria are met:</p> <ul style="list-style-type: none"><li>• An intolerance to, or treatment failure of, a trial of <b>two</b> of the following medications<ul style="list-style-type: none"><li>○ lidocaine gel (Anamantle HC)</li><li>○ lidocaine patch (Lidoderm)</li><li>○ lidocaine viscous</li><li>○ lidocaine/prilocaine (Emla)</li></ul></li></ul> <p><b>ZTLido</b> is covered only if all of the following prior authorization criteria are met:</p> <ul style="list-style-type: none"><li>• Patient has a diagnosis of pain associated with Postherpetic Neuralgia (PHN)</li><li>• Patient has an intolerance to, or treatment failure of lidocaine patches (Lidoderm)</li></ul>

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<b>LIMITATIONS</b>	If the above criteria are met, approval of Livixil will be granted for one package only.
<b>REFERENCES</b>	<ol style="list-style-type: none"> <li>1. Facts &amp; Comparisons Online</li> <li>2. Livixil Package Insert</li> <li>3. ZTLIDO Package Insert</li> </ol>
<b>P&amp;T REVIEW HISTORY</b>	2/16, 8/16, 2/17, 8/17, 5/18, 5/19
<b>REVISION RECORD</b>	8/17, 5/18, 11/18