ALASKA MEDICAID

Lidoderm®

INDICATION:

"LIDODERM is indicated for relief of pain associated with post-herpetic neuralgia. It should be applied only to **intact skin**."

CRITERIA FOR APPROVAL:

1. The patient is being treated for post-herpetic neuralgia.

CRITERIA CAUSING DENIAL:

- 1. The patient is being treated for any disease or condition other than post-herpetic neuralgia.
- 2. The dose requested exceeds three (3) patches per day.¹

LENGTH OF APPROVAL:

1. Approval may be obtained for up to 3 months.

DISPENSING LIMIT:

1. The dispensing limit is 3 patches per day.

REFERENCES / FOOTNOTES:

¹ Lidoderm[®] package insert, available at: < http://www.lidoderm.com/pdf/lidoderm_pack_insert.pdf> Accessed 1/25/2011.