Clinical Policy: Lidocaine transdermal (Lidoderm)

Reference Number: PA.CP.PMN.08
Effective Date: 09/06
Last Review Date: 11/16
Line of Business: Medicaid

Coding Implications
Revision Log

Description
Lidocaine (Lidoderm®) patch is comprised of an adhesive material containing 5% lidocaine, an amide-type local anesthetic agent.

FDA approved indication
Lidoderm is indicated for

- Relief of pain associated with post-herpetic neuralgia

Policy/Criteria
Provider must submit documentation (including office chart notes and lab results) supporting that member has met all approval criteria

It is the policy of Pennsylvania Health and Wellness® that Lidoderm is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Post-herpetic Neuralgia Secondary to Herpes Zoster (must meet all)**:**

1. Diagnosis of post-herpetic neuralgia secondary to herpes zoster;
2. Age ≥ 18 years;
3. Failure of a ≥ 30 day trial of gabapentin at doses ≥ 1800 mg/day, unless member experiences clinically significant adverse effects or has contraindication(s) to gabapentin;
4. Failure of a ≥ 30 day trial of one PDL tricyclic antidepressant (TCA), unless member experiences clinically significant adverse effects or has contraindication(s) to all PDL TCAs;
5. ;
6. Failure of topical lidocaine gel/ointment or capsaicin cream/gelunless contraindicated;
7. Request does not exceed 3 patches per day.

Approval duration: 6 months

B. Diabetic Neuropathy (must meet all):

1. Diagnosis of diabetic neuropathy;
2. Age ≥ 18 years;
3. Failure of a ≥ 30 day trial of gabapentin at doses ≥ 1800 mg/day, unless member experiences clinically significant adverse effects or has contraindication(s) to gabapentin;
4. Failure of a ≥ 30 day trial of one PDL TCA or serotonin-norepinephrine reuptake inhibitor (SNRI) at maximum indicated doses, unless member experiences clinically significant adverse effects or has contraindications to all PDL TCAs and SNRIs;
5. Request does not exceed 3 patches per day.

Approval duration: 6 months

C. Other diagnoses/indications – Refer to PA.CP.PMN.53 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized)

II. Continued Therapy

A. All Indications (must meet all)**:**

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met initial approval criteria or the Continuity of Care policy applies;
2. If request is for a dose increase, new dose does not exceed 3 patches per day.

Approval duration: 6 months

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met initial approval criteria or the Continuity of Care policy applies; or
2. Refer to PA.CP.PMN.53 if requested indication is NOT listed under section III (Diagnoses/Indications for which coverage is NOT authorized)

Approval duration: 12 months

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – PA.CP.PMN.53 or evidence of coverage documents

IV. Appendices/General Information

Appendix A: Abbreviation Key
PDL: preferred drug list
SNRI: serotonin-norepinephrine reuptake inhibitor
TCA: tricyclic antidepressant

V. Dosage and Administration

- Apply Lidoderm to intact skin to cover the most painful area.
- Apply the prescribed number of patches (maximum of 3), only once for up to 12 hours within a 24 hour period.
- Patches may be cut into smaller sizes with scissors prior to removal of the release liner.

VI. Product Availability

Lidoderm is supplied as a 5% transdermal patch.

References

1. Lidoderm Prescribing Information. Malvern, PA: Endo Pharmaceuticals Inc.; January 2015. Available at: https://dailymed.nlm.nih.gov/. Accessed October 20, 2016.
2. Bril V, England J, Franklin GM, 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; 76:1758-1765.
3. Dworkin RH, O'Connor AB, Audette J, Baron R, Gourlay GK, Haanpaa ML, et al. Recommendations for the Pharmacologic Management of Neuropathic Pain: An Overview and Literature Update. Mayo Clin Proc. 2010 Mar; 85(3 Suppl): S3-S14.
4. Dubinsky RM, Kabbani H, El-Chami Z, Boutwell C, Ali H. Practice Parameter: Treatment of postherpetic neuralgia. An evidence-based report of the Quality Standards Subcommittee of the American Academy of Neurology. Neurology September 28, 2004 vol. 63 no. 6 959-965.

Reviews, Revisions, and Approvals	Date	Approval Date