Pharmacy Policy Bulletin

Category:	Managed Rx Coverage
Number:	J-308
Subject:	Lidoderm (lidocaine patch)
Effective Date Begin:	October 15, 2009
Effective Date End:	
Original Date:	May 20, 2009
Review Date(s):	May 19, 2010
	May 20, 2009

Policy Applies to: *Commercial* plans only

Background:

Lidoderm® (lidocaine patch 5%) is comprised of an adhesive material containing 5% lidocaine, which is applied to a non-woven polyester felt backing and covered with a polyethylene terephthalate (PET) film release liner. Lidocaine is an amide-type local anesthetic agent and is suggested to stabilize neuronal membranes by inhibiting the ionic fluxes required for the initiation and conduction of impulses.
Lidoderm® is indicated for relief of pain associated with post-herpetic neuralgia. It should be applied only to intact skin. When Lidoderm® is used according to the recommended dosing instructions (application of up to 3 patches directly over the most painful areas for up to 12 of 24 hours in a single day), only 3 ± 2% of the dose applied is expected to be absorbed. At least 95% (665 mg) of lidocaine will remain in a used patch.

Approval Criteria: When a benefit, coverage for Lidoderm® (lidocaine patch 5%) will be approved if members meet one of the following criteria:

- There is a claim for one antiviral medication (e.g. acyclovir, famciclovir, valacyclovir) used for the treatment of herpes zoster infection in the member's prescription drug claims history within the previous 180 days.

Members who meet the criteria as outlined above will receive automatic authorization at the pharmacy without documentation of additional information. Claims will automatically adjudicate on-line, with no prior authorization required.

Members who do not meet the above criteria will require prior authorization. The following criterion would then need to be documented:

- Lidoderm® is to be used for the treatment of post-herpetic neuralgia (PHN).

Use of Lidoderm® for disease states outside of its FDA-approved indication should be denied based on the lack of clinical data to support its effectiveness and safety in other conditions.

Duration of Authorization:
If approved, up to a lifetime authorization may be granted.

References:

1. Lidoderm® (lidocaine patch 5%) prescribing information. Endo Pharmaceuticals. Chadds Ford, PA. February 2008.
2. Nalamachu S, Crockett RS, Gammaitoni AR, Gould EM. A Comparison of the Lidocaine Patch 5% vs Naproxen 500 mg Twice Daily for the Relief of Pain Associated with Carpal Tunnel Syndrome: A 6-Week, Randomized, Parallel-Group Study. Medscape General Medicine. 2006; 8(3): 33.
3. Barbano RL, Herrmann DN, Hart-Gouleau S, Pennella-Vaughan J, Lodewick PA, Dworkin RH. Effectiveness, tolerability, and impact on quality of life of the 5% lidocaine patch in diabetic polyneuropathy. Arch Neurol. 2004 Jun;61(6):914-8.
4. Devers A, Galer BS. Topical lidocaine patch relieves a variety of neuropathic pain conditions: an open-label study. Clin J Pain. 2000 Sep;16(3):205-8.
5. Gimbel J, Linn R, Hale M, Nicholson B. Lidocaine patch treatment in patients with low back pain: results of an open-label, nonrandomized pilot study. Am J Ther. 2005 Jul-Aug;12(4):311-9.
6. White WT, Patel N, Drass M, Nalamachu S. Lidocaine patch 5% with systemic analgesics such as gabapentin: a rational polypharmacy approach for the treatment of chronic pain. Pain Med. 2003 Dec;4(4):321-30.
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8. Khaliq W, Alam S, Puri N. Topical lidocaine for the treatment of postherpetic neuralgia. Cochrane Database Syst Rev. 2007 Apr 18;(2):CD004846.

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