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:


View Previous Versions

No Previous Versions

Pharmacy policies do not constitute medical advice, nor are they intended to govern physicians' prescribing or the practice of medicine. They are intended to reflect Highmark's coverage and reimbursement guidelines. Coverage may vary for individual members, based on the terms of the benefit contract.

Highmark retains the right to review and update its pharmacy policy at its sole discretion. These guidelines are the proprietary information of Highmark. Any sale, copying or dissemination of the pharmacy policies is prohibited; however, limited copying of pharmacy policies is permitted for individual use.