UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Lidocaine Patch

Program	Prior Authorization
Medication	Lidocaine patch (Lidoderm)
Issue Date	6/2010
Pharmacy and Therapeutics Approval Date	3/2018
Effective Date	5/2018

1. Background:

Lidocaine patch (Lidoderm) is a 5% topical lidocaine product indicated for the relief of pain associated with post-herpetic neuralgia (PHN). The American Academy of Neurology recommends the use of lidocaine patch as an option for the management of PHN. Evidence also exists in support of using lidocaine patch for non-PHN neuropathies.[8]

2. Coverage Criteria:

A. Initial Authorization

1. **Lidocaine patch** will be approved based on one of the following**:**

   (a) Diagnosis of post-herpetic neuralgia

   -OR-

   (b) **Both** of the following:

   (1) Diagnosis of neuropathic pain

   -AND-

   (2) History of failure, contraindication, or intolerance to **all** of the following:

   - Tricyclic anti-depressant (e.g., amitriptyline)
   - SNRI anti-depressant (e.g., duloxetine, venlafaxine)
   - Gabapentin

Authorization will be issued for 12 months.

B. Reauthorization

NOTE: This section only applies for diagnosis of neuropathic pain only. For post-herpetic neuralgia patient would continue to go through initial authorization for a diagnosis check only.

1. **Lidocaine patch** will be approved based on the following criteria:

   (a) Documentation of positive clinical response to lidocaine patch therapy

   Authorization will be issued for 12 months.

3. References:

1. Baron, R., Allegri, M., Correa-Illanes, G., et al. The 5% Lidocaine-Medicated Plaster: Its Inclusion in International Treatment Guidelines for Treating Localized Neuropathic Pain, and Clinical Evidence Supporting its Use. Pain Ther. 2016; 5: 149.
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 May 17; 76(20):1758-65.
3. Derry S, Wiffen PJ, Moore RA, et al. Topical Lidocaine for Neuropathic Pain in Adults (Review). Cochrane Database of Systemic Reviews 2014; 7: 1-41.
4. Dowell, D, Haegerich, TM, Chou, R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. Recommendations and Reports. 2016 March 18; 65(1); 1–49. https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm. Accessed January 10, 2017.
5. Dubinsky RM, Kabbani H, El-Chami Z, et al. Practice Parameter: Treatment of Postherpetic Neuralgia. An Evidence-Based Report on the Quality Standards Subcommittee of the American Academy of Neurology. Neurology. 2004 Sep 28; 63(6): 959-65.
6. Dworkin, R., Johnson, R., Breuer, J., et al. Recommendations for the Management of Herpes Zoster. Clinical Infectious Diseases. 2007; 44: S1-S26.
7. Finnerup NB, Attal N, Haroutounian S, et al. Pharmacotherapy for Neuropathic Pain in Adults: Systematic Review, Meta-analysis and Updated NeuPSIG Recommendations. The Lancet Neurology. 2015; 14(2):162-173.
8. Gilron, Ian et al. Neuropathic Pain: Principles of Diagnosis and Treatment. Mayo Clinic Proceedings, Volume 90, Issue 4, 532 – 545.
9. Hooten M, Thorson D, Bianco J, et al. Institute for Clinical Systems Improvement. Pain: Assessment, Non-Opioid Treatment Approaches and Opioid Management. Updated September 2016. https://www.icsi.org/_asset/f8rj09/Pain.pdf. Accessed January 10, 2017.

10. Lidoderm Prescribing Information. Endo Pharmaceuticals. Malvern, PA. January 2015.
11. The American Academy of Pain Medicine. Chronic Pain Medical Treatment Guidelines. July 2009. http://www.dir.ca.gov/dwc/DWCPropRegs/MTUS_Regulations/MTUS_ChronicPainMedicalTreatmentGuidelines.pdf. Accessed January 10, 2017.
12. The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines™). Adult Cancer Pain. Version 2. 2016. http://www.nccn.org/professionals/physician_gls/f_guidelines.asp. Accessed January 10, 2017.

Program	Prior Authorization – Lidocaine Patch
Change Control	
Date	Change
6/2010	New drug policy
3/2011	Annual review
3/2012	Annual review
3/2013	Annual review
12/2015	Annual review
10/2016	Annual review, updated policy template
2/2017	Added criteria for neuropathic pain and reauthorization section. Updated references.
3/2017	Changed initial authorization duration to 12 months
9/2017	Added note that reauthorization criteria do not apply for diagnosis of post-herpetic neuralgia to allow for Dx to Rx implementation
3/2018	Annual review.