

ALASKA MEDICAID  
Prior Authorization Criteria

**Lidoderm® Patch (lidocaine patch)**

**Indications:**

“Lidoderm is indicated for relief of pain associated with post-herpetic neuralgia. It should be applied only to intact skin.”<sup>1</sup>

**Dosage Form/Strength:**

Topical Patch: 5%

**Criteria for Approval:** <sup>1, 2, 3, 4, 5, 6</sup>

- Diagnosis of at least one of the following:
  - Post-herpetic neuralgia (PHN); **OR**,
  - Carpal tunnel syndrome; **OR**,
  - Cervical radiculopathy; **OR**,
  - Complex regional pain syndrome (CRPS); **OR**,
  - Diabetic peripheral neuropathy (DPN); **OR**,
  - Idiopathic sensory polyneuropathy; **OR**,
  - Myofascial pain syndrome; **OR**,
  - Neuropathic cancer pain for palliative care; **OR**,
  - Trigeminal neuralgia; **OR**,
  - Low back or neck pain

**Criteria for Reauthorization Approval:**

- Patient meets all of the criteria for the initial authorization; **AND**,
- There is documented evidence of a positive clinical response to lidocaine patch therapy.

**Criteria for Denial:** <sup>1, 2, 3, 4, 5, 6</sup>

- Any diagnosis other than post-herpetic neuralgia (PHN), carpal tunnel syndrome, cervical radiculopathy, complex regional pain syndrome (CRPS), diabetic peripheral neuropathy (DPN), idiopathic sensory polyneuropathy, myofascial pain syndrome, neuropathic cancer pain for palliative care, trigeminal neuralgia or low back or neck pain; **OR**,
- Concomitant use of a Class I antiarrhythmic medication.

**Criteria for Reauthorization Denial:**

- Patient does not meet all of the criteria for the initial authorization; **OR**,
- There is no documented evidence of a positive clinical response to lidocaine patch therapy.

**Length of Authorization – Initial coverage:**

- May be authorized for up to 6 months

Lidoderm Patch criteria

Version 3

Last updated: 10/16/2018

Approved: 11/16/2018

Effective : 1/15/2019

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**Length of Authorization – Reauthorization:**

- May be reauthorized for up to 1 year

**Quantity Limit:**

- Approvable up to a quantity of 2 patches per day

**Mechanism of Action:**

“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. The penetration of lidocaine into intact skin after application of Lidoderm is sufficient to produce an analgesic effect, but less than the amount necessary to produce a complete sensory block.”<sup>1</sup>

**References / Footnotes:**

<sup>1</sup> Lidocaine® Patch package insert: Endo Pharmaceuticals. Malvern, PA. January, 2015.  
[http://www.endo.com/File%20Library/Products/Prescribing%20Information/LIDODERM\\_prescribing\\_information.html](http://www.endo.com/File%20Library/Products/Prescribing%20Information/LIDODERM_prescribing_information.html). Accessed 4/6/2016.

<sup>2</sup> Garzón-Rodríguez C, Casals Merchan M, Calsina-Berna A, López-Rómboli E, Porta-Sales J. “Lidocaine 5 % patches as an effective short-term co-analgesic in cancer pain. Preliminary results.” *Support Care Cancer*. 2013 Nov;21(11):3153-8.

<sup>3</sup> Kern K, Nalamachu S, Brasseur L, Zakrzewska JM. “Can treatment success with 5% lidocaine medicated plaster be predicted in cancer pain with neuropathic components or trigeminal neuropathic pain?” *J Pain Res*. 2013; 6: 261-280.

<sup>4</sup> Schug SA, Goddard C. “Recent advances in the pharmacological management of acute and chronic pain.” *Annals of Palliative Medicine*. Vol 3, No 4 (October 2014).

<sup>5</sup> Mick G, Correa-Illanes G. “Topical pain management with the 5% lidocaine medicated plaster--a review.” *Curr Med Res Opin*. 2012 Jun;28(6):937-51.

<sup>6</sup> de León-Casasola OA, Mayoral V. “The topical 5% lidocaine medicated plaster in localized neuropathic pain: a reappraisal of the clinical evidence.” *Journal of Pain Research*. 2016 Feb 12; Volume 2016(9):67-79.