Important Notice: Use of Lidocaine 5% Patch in Postherpetic Neuralgia

Dear IEHP Provider,

Due to high volume of prior authorization (PA)/coverage determination (CD) requests IEHP receives for Lidocaine 5% patch, IEHP would like to remind Providers on the U.S. Food, Drug Administration’s indicated use of Lidocaine 5% Patch.

Lidocaine 5% patch is ONLY approved by the FDA as a topical treatment for relief of pain associated with postherpetic neuralgia, which is characterized as pain that persists more than three months after an individual has experienced shingles—a viral infection also known as herpes zoster.

- According to American Academy of Neurology, effective treatments for postherpetic neuralgia include tricyclic antidepressants (amitriptyline, nortriptyline, desipramine, and maprotiline), gabapentin, pregabalin, opioids, and topical lidocaine patches.

As a reminder, treatment options for postherpetic neuralgia such as tricyclic antidepressants (amitriptyline, nortriptyline, desipramine), gabapentin, or opioids are available on IEHP formulary for both Medi-Cal and Medicare lines of business without requiring a PA or CD review.

Lidocaine 5% patch requires PA or CD review, and IEHP will only approve the request if ALL of the required criteria are met. Please see table below for Lidocaine 5% Patch’s formulary status.

See next page for Lidocaine 5% Patch Formulary criteria.
IEHP’s Lidocaine 5% Patch’s Formulary Status:

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<td>Medi-Cal</td>
<td>Formulary, with a quantity limit</td>
<td>Quantity limit of 60 patches per 30 days</td>
<td>Tricyclic antidepressants (amitriptyline, nortriptyline, desipramine) Gabapentin Opioids (e.g. morphine, tramadol)</td>
<td>For Requests Exceeding Quantity Limit:&lt;br&gt;To request for Lidocaine 5% Patch exceeding Formulary Quantity Limit, the following will need to be met:&lt;ul&gt;&lt;li&gt;Documented clinical justification to demonstrate medical necessity of quantities greater than quantity limit AND&lt;/li&gt;&lt;li&gt;Requested quantities must be within dosage limit recommended by the U.S. Food and Drug Administration (FDA) or one of the following compendia:&lt;ul&gt;&lt;li&gt;American Hospital Formulary Service Drug Information&lt;/li&gt;&lt;li&gt;DRUGDEX Information System&lt;/li&gt;&lt;li&gt;United States Pharmacopeia-Drug Information&lt;/li&gt;&lt;/ul&gt;&lt;/li&gt;&lt;/ul&gt;</td>
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| Medicare         | Formulary Medication with Prior Authorization (PA) Criteria | Coverage Determination | Gabapentin | Coverage Determination Review:<br>To request for Lidocaine 5% Patch, the following requirements will need to be met:<ul><li>All FDA-approved indications not otherwise excluded from Part D AND</li><li>Failure or clinical significant adverse effects to the formulary alternatives: gabapentin.</li></ul>
As a reminder, formulary information is available at:  
If you have any additional questions, please feel free to contact us at (909) 890-2049 between 8:00 AM -5:00 PM Monday through Friday. Thank you for your attention to this matter.

Sincerely,
IEHP Pharmaceutical Services

References:
1. Practice Parameter: Treatment of Postherpetic Neuralgia.  
2. Treatment of Postherpetic Neuralgia.  