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Inland Empire Health Plan

PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

January 31, 2018

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.



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IEHP's Lidocaine 5% Patch's Formulary Status:

Line of Business	Formulary Status	Quantity Limit/Coverage Determination Requirements	Formulary Alternatives	Criteria
Medi-Cal	Formulary, with a quantity limit	Quantity limit of 60 patches per 30 days	Tricyclic antidepressants (amitriptyline, nortriptyline, desipramine) Gabapentin Opioids (e.g. morphine, tramadol)	<u>For Requests Exceeding Quantity Limit:</u> To request for Lidocaine 5% Patch exceeding Formulary Quantity Limit, the following will need to be met: <ul style="list-style-type: none"> • Documented clinical justification to demonstrate medical necessity of quantities greater than quantity limit AND • Requested quantities must be within dosage limit recommended by the U.S. Food and Drug Administration (FDA) or one of the following compendia: <ul style="list-style-type: none"> ○ American Hospital Formulary Service Drug Information ○ DRUGDEX Information System ○ United States Pharmacopeia-Drug Information
Medicare	Formulary Medication with Prior Authorization (PA) Criteria	Coverage Determination	Gabapentin	<u>Coverage Determination Review:</u> To request for Lidocaine 5% Patch, the following requirements will need to be met: <ul style="list-style-type: none"> • All FDA-approved indications not otherwise excluded from Part D AND • Failure or clinical significant adverse effects to the formulary alternatives: gabapentin.



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As a reminder, formulary information is available at:

<https://ww3.iehp.org/en/providers/pharmaceutical-services/formulary/>

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.
<http://www.neurology.org/content/63/6/959.full>. Accessed November 20, 2017.
2. Treatment of Postherpetic Neuralgia.
http://tools.aan.com/professionals/practice/pdfs/pn_guideline_physicians.pdf. Accessed November 20, 2017.