Coverage of any drug intervention discussed in the plans prior authorization guideline is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.

☒ **Commercial (Small & Large Group)** ☒ **ASO** ☒ **Exchange/ACA**
☐ **Medicare Advantage (MAPD)**

Intravenous Lidocaine for Chronic Pain MB2301

Covered Service: NO

Prior Authorization Required: NO

Additional Information: Prescribed by (or in consultation with) pain specialists with prior authorization through The Plan Pharmacy Services.

Medicare Policy: Prior authorization is not required for Medicare Cost products (Dean Care Gold) and Medicare Supplement (Select) when this drug is provided by participating providers. Prior authorization is required if a member has Medicare primary and the plan secondary coverage. This policy is not applicable to our Medicare Replacement products.

Wisconsin Medicaid Policy Coverage of prescription drug benefits is administered by the Wisconsin Medicaid program. Coverage of medical drug benefits is administered by the Wisconsin Medicaid fee-for-service program. Medical drugs not paid on a fee-for-service basis by the Wisconsin Medicaid program are covered by the plan with no PA required.

1.0 FDA Indication

1.1 Lidocaine

1.1.1 Intravenous lidocaine is approved by the U.S. Food and Drug Administration (FDA) for systemic use in the acute treatment of arrhythmias and locally as an anesthetic. IV lidocaine for the treatment of chronic pain is an off-label use.

1.2 Treatment Guidelines/Consensus statements:

1.2.1 American Society of Regional Anesthesia and Pain Medicine – Joint Consensus Guideline (2018) – IV Ketamine for Chronic Pain

1.2.1.1 Weak evidence supporting use of IV ketamine for short-term improvement in patients with spinal cord injury pain

1.2.1.2 Moderate evidence supporting use of IV ketamine for improvement in patients with complex regional pain syndrome (CRPS) up to 12 weeks

1.2.1.3 Weak or no evidence for immediate improvement for other pain conditions, including mixed neuropathic pain, fibromyalgia, cancer pain, ischemic pain, headache, and spinal pain.

2.0 Policy / Criteria:

2.1 IV Lidocaine is considered not covered due to insufficient evidence to demonstrate long-term clinical efficacy and safety for treatment of chronic pain

2.1.1 Several randomized controlled trials (RCTs) have been performed using IV lidocaine for postherpetic neuralgia, CRPS, and diabetic neuropathy. These trials have failed to show a durable effect of lidocaine infusion on chronic pain.

2.1.2 A 2005 Cochrane review examined controlled trials of lidocaine and its oral analogs (i.e., mexiletine, tocainide, flecainide) for neuropathic pain treatment and found the drugs safely provided more pain relief than placebo and with similar effectiveness as other analgesics. Reviewers noted that further investigation is needed to determine the clinical meaning of statistically significant pain relief and to test for less toxic analogs. A separate publication by the same authors estimated an 11-point (of 100) improvement in pain scales, with IV lidocaine or oral analogs compared with placebo. Although AEs were reported as not significantly different from other active controls (amitriptyline, carbamazepine, gabapentin, and morphine), the severity and nature of the AEs could not be assessed. As indicated in an accompanying editorial, “the limitations of the contributing studies preclude drawing useful conclusions about the adverse effect profiles of these drugs.” In addition, the authors noted that: 1) lidocaine’s short serum half-life (120 minutes) precludes its use for chronic pain and 2) all trials measured pain relief within 24 hours because, in most patients, the effect disappears a few hours after treatment. Given the high frequency of AEs and the short duration of action, the health benefits of IV lidocaine remain unclear for chronic pain.

3.0 Policy Rationale

3.1 The intense treatment protocols, the severity of adverse events, and the limited treatment durability raise questions about the net health benefit of IV lidocaine for chronic pain.

3.2 Additional clinical trials are needed to evaluate the long-term efficacy and safety of repeat courses of IV lidocaine for chronic pain.

3.3 The evidence is insufficient to determine that IV lidocaine results in an improvement in the net health outcome.

Comment(s):

1.0 *Codes and descriptors listed in this document are provided for informational purposes only and may not be all inclusive or current. Listing of a code in this drug policy does

not imply that the service described by the code is a covered or non-covered service. Benefit coverage for any service is determined by the member's policy of health coverage with the plan. Inclusion of a code in the table does not imply any right to reimbursement or guarantee claim payment. Other drug or medical policies may also apply.

1.1 NDC and HCPCS codes

Medication Name		How Supplied	National Drug Code (NDC)	HCPCS code
Brand	Generic			
Lidocaine	lidocaine	various	numerous	J2001

	Committee/Source	Date(s)
Document Created:	Medical Policy Committee/Health Services Division/Pharmacy Services	February 15, 2023
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Reviewed:	Medical Policy Committee/Health Services Division/Pharmacy Services	February 15, 2023

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