This document contains the most current medical coverage criteria using guidance from experts and approved by the Physicians Plus Pharmacy and Therapeutics Committee. This document remains dynamic and will be updated from time to time as new evidence becomes available reflecting substantive changes in care. The most recent version of the medical coverage criteria can be found at www.pplusic.com/providers/pharmacy/drug-prior-authorization-forms.

**Warnings and Precautions** (see full prescribing information for complete warnings and precautions)

1. Constant monitoring of the electrocardiogram and blood pressure is essential in the proper administration of lidocaine intravenously. If hypotension or excessive depression of cardiac conductivity is seen, administration of lidocaine hydrochloride injection should be discontinued.
2. Emergency resuscitative equipment and drugs must be immediately available to manage possible adverse reactions involving the cardiovascular, respiratory, or central nervous system.
3. Toxicity may manifest central nervous system depression (sedation) or irritability (twitching), which may progress to convulsions accompanied by respiratory depression and/or arrest.
4. Standard protocol for the management of malignant hyperthermia should be available.
5. Hypersensitivity: Use lidocaine hydrochloride with caution in persons with known drug sensitivities. Patients allergic to para-aminobenzoic acid derivatives (e.g., procaine, tetracaine, benzocaine) have not shown cross-sensitivity to lidocaine hydrochloride.
6. Lidocaine is excreted by the kidney. Use caution with repeated or prolonged use in liver or renal disease; possible toxic accumulation of lidocaine or its metabolites may occur.

**FDA Indications** (see full prescribing information for disease specific dosage and administration)

**Infiltration and Nerve Block**
- Local or regional anesthesia by infiltration techniques such as percutaneous injection and intravenous (IV) regional anesthesia by peripheral nerve block techniques such as brachial plexus and intercostal, and by central neural techniques such as lumbar and caudal epidural blocks.

**Cardiac Infusion**

**IV:** Acute management of ventricular life-threatening arrhythmias during acute MI or during cardiac surgery.

**IM:** Single doses are justified in the following exceptional circumstances: When ECG equipment is not available to verify the diagnosis but the potential benefits outweigh the possible risks; when facilities for IV administration are not readily available; by the patient in the pre-hospital phase of suspected acute MI, directed by qualified medical personnel viewing the transmitted ECG.
Medical Coverage Criteria
Lidocaine Infusion for Chronic Pain

### Member and Prescriber Information
- **Member Name:**
- **Prescriber Name:**
- **Prescriber Specialty:**
- **Member Date of Birth:**
- **Prescriber Phone:**
- **Member ID #:**
- **Prescriber Fax:**
- **Member PCP Name & Address:**
- **Name & Location of Infusion Center:**

### Criteria
- Complete patient specific and condition specific criteria pages.
- Prescribed by Pain Specialist.
- Document trials of prior therapy.
- Initial approvals will be for three infusions. Documentation of efficacy and safety are required for further coverage up to 1 year.

At the time of this review, conditions considered investigational and not covered at the time of this review include: chronic headache, fibromyalgia and procedural burn pain.

### Current status of patient therapy
- □ New to lidocaine infusion therapy
- □ Continuing lidocaine infusion therapy

### Covered Diagnoses:
- □ Central Neuropathic Pain
- □ Peripheral Neuropathic Pain
- □ Complex Regional Pain Syndrome (CRPS)
- □ Persistent Post-Surgical Pain

### Medications Previously Tried:

<table>
<thead>
<tr>
<th>Antidepressant</th>
<th>Anti-Convulsant</th>
<th>Analgesics/Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Amitriptyline</td>
<td>□ Carbamazepine</td>
<td>□ APAP combo with opiates</td>
</tr>
<tr>
<td>□ Desipramine</td>
<td>□ Divalproex</td>
<td>□ Fentanyl</td>
</tr>
<tr>
<td>□ Duloxetine (Cymbalta)</td>
<td>□ Ethosuximide</td>
<td>□ Morphine IR and ER</td>
</tr>
<tr>
<td>□ Nortripipine</td>
<td>□ Gabapentin</td>
<td>□ NSAIDs</td>
</tr>
<tr>
<td>□ Paroxetine</td>
<td>□ Lamotrigine</td>
<td>□ Oxycodone IR and ER</td>
</tr>
<tr>
<td>□ Sertraline</td>
<td>□ Levetiracetam</td>
<td>□ Mexiletine</td>
</tr>
<tr>
<td>□ Venlafaxine</td>
<td>□ Oxcarbazepine</td>
<td>□ Lidocaine patch</td>
</tr>
<tr>
<td>□ Other:</td>
<td>□ Pregabalin</td>
<td>□ Capsaicin</td>
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<tr>
<td></td>
<td>□ Other:</td>
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</tbody>
</table>

### Drug Regimen
- **Anticipated Start Date:**
- **Dosing Frequency:**

### Sign and Date
- **Prescriber Signature:**
- **Date:**
- **Prescriber NPI:**

Mail or Fax this form and clinical documentation using the number below.

**Mailing Address**
Physicians Plus Insurance
Attn: Pharmacy Services
2650 Novation Parkway
Madison, WI 53713

**Physicians Plus Pharmacy Services Fax**
(608) 327-0324

**Prior Authorization Questions**
(608) 282-8900 or (800) 545-5015
www.pplusic.com