Harvard Pilgrim Health Care | TUFTS Health Plan

Pharmacy Medical Necessity Guidelines: Lidocaine 5% Patches

Effective: April 1, 2026

Guideline Type	☒ Prior Authorization ☐ Non-Formulary ☐ Step-Therapy ☐ Administrative

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products; Fax: 617-673-0988

☒ Tufts Health Plan Commercial products; Fax: 617-673-0988

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 617-673-0988

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to ensure that prior authorization has been obtained.

Overview

Food and Drug Administration – Approved Indications

Lidocaine patch 5% (Lidoderm) is indicated for relief of pain associated with post-herpetic neuralgia. It should be applied only to intact skin.

Note: The over-the-counter lidocaine 4% patches are covered on all Commercial and Direct formularies.

Clinical Guideline Coverage Criteria

The plan may authorize coverage of lidocaine 5% patch for members, when the following criteria are met:

1. Documentation of trial and failure, inadequate response, or clinical inappropriateness of the over-the-counter lidocaine 4% patches

OR

2. The patient is new to plan and is currently well controlled on lidocaine 5% patch, and the prescribing physician has documented that changing to the over-the-counter lidocaine patch alternative would result in adverse clinical outcomes

Limitations

1. For a non-formulary medication request, please refer to the Pharmacy Medical Necessity Guidelines for Formulary Exceptions and submit a formulary exception request to the plan as indicated.

Codes

None

References

1. Davis, PS, Galer, BS. Review of lidocaine patch 5% studies in the treatment of postherpetic neuralgia. *Drugs.* 2004; 64(9):937-47.
2. Katz NP, Gammaitoni AR, Davis MW, Dworkin RH, Lidoderm Patch Study Group. Lidocaine patch 5% reduces pain intensity and interference with quality of life in patients with postherpetic neuralgia: an effectiveness trial. *Pain Med.* 2002 Dec; 3(4):324-32.
3. Lidoderm (lidocaine patch 5%) [prescribing information]. Malvern, PA: Endo Pharmaceuticals Inc.; 2022 November.

Approval And Revision History

September 13, 2022: Reviewed by the Pharmacy & Therapeutics Committee.

Subsequent endorsement date(s) and changes made:

- March 14, 2023: Effective 4/1/2023, simplified the MNG by removing all indication specific criteria, and allowing for life of plan coverage for any indication.
- March 12, 2024: No changes
- March 11, 2025: No changes
- March 10, 2026: No changes. Administrative update to remove CareLink from the Medical Necessity Guideline template.

Background, Product and Disclaimer Information

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for plan benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. The plan makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include

concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Pharmacy Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.