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| **Section:** | Prescription Drugs | **Effective Date:** | October 1, 2023 |
| **Subsection:** | Analgesics and Anesthetics | **Original Policy Date:** | December 7, 2011 |
| **Subject:** | Lidocaine | **Page:** | 1 of 4 |

***Last Review Date:*** September 8, 2023

# Lidocaine

## Description

### Lidocaine (lidocaine injection)

**Background**
Lidocaine is a local anesthetic and a class 1b antiarrhythmic agent. It acts by suppressing electrical conduction across cell membranes, resulting in its cardiac and anesthetic effects. Lidocaine injection is FDA-approved for use as a local or regional anesthetic administered by infiltration, nerve block, epidural, or spinal techniques. Lidocaine is also used for acute ventricular arrhythmias and has shown to be effective in the treatment of refractory status epilepticus as an off-label indication (1-3).

Other off-label uses of lidocaine include intractable cough, prophylaxis of fentanyl-associated cough, hiccups, and chronic (including neuropathic) pain (2).

**Regulatory Status**
FDA-approved indication: Lidocaine hydrochloride injection is indicated for production of local or regional anesthesia by infiltration techniques such as percutaneous injection and intravenous 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, when the accepted procedures for these techniques as described in standard textbooks are observed (1).

Lidocaine is also used for ventricular arrhythmias and status epilepticus (2-3).

**Related policies**

Lidocaine Patches, Lidocaine Powder, Lidocaine Topicals

## Policy

*This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.*

Lidocaine injection may be considered **medically necessary** if the conditions indicated below are met.

Lidocaine injection may be considered **investigational** for all other indications.

## Prior-Approval Requirements

**Diagnoses**

Patient must have **ONE** of the following:

1. Acute ventricular arrhythmia occurring as a result of cardiac manipulation or myocardial infarction
2. Local and regional anesthesia by infiltration, nerve block, epidural, or spinal techniques
3. Refractory status epilepticus

## Prior – Approval *Renewal* Requirements

Same as above

## Policy Guidelines

## Pre - PA Allowance

**Quantity** 5mg/ml X 50ml X 2 vials **OR** equivalent of other available concentrations/volumes

**Duration** 365 days

## Prior - Approval Limits

**Duration** 12 months

## Prior – Approval *Renewal* Limits

Same as above

## Rationale

**Summary**

Lidocaine injection is a local anesthetic that is used as a class 1b antiarrhythmic agent. It is FDA-approved for use in ventricular arrhythmias and also as a local or regional anesthetic when administered by infiltration, nerve block, epidural, or spinal techniques. Lidocaine is also used for status epilepticus (1-3).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Lidocaine while maintaining optimal therapeutic outcomes.

**References**

1. Lidocaine injection [package insert]. Schaumburg, IL: APP Pharmaceuticals LLC; February 2010.
2. American Heart Association. ACLS Provider Manual Supplementary Material. Updated 2016. https://ahainstructornetwork.americanheart.org/idc/groups/ahaecc-public/@wcm/@ecc/documents/downloadable/ucm_481402.pdf. Accessed on April 14, 2023.
3. Anderson Walker L & Slovis CM: Lidocaine in the treatment of status epilepticus. Acad Emerg Med. 1997; 4(9):918-922.

## Policy History

| Date | Action |
|---|---|
| December 2011 | New Policy |
| December 2012 | Annual editorial review and reference update |
| June 2014 | Annual editorial review and reference update |
| September 2015 | Annual editorial review |
| December 2016 | Annual review and reference update<br>Policy code changed from 5.11.05 to 5.70.54 |
| March 2017 | Annual review |
| March 2018 | Annual editorial review and reference update |
| March 2019 | Annual review |
| March 2020 | Annual review |
| June 2021 | Annual review |
| June 2022 | Annual review and reference update |
| June 2023 | Annual review and reference update. Changed policy number to 5.70.054 |

September 2023 Annual review

## Keywords

**This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 8, 2023 and is effective on October 1, 2023.**