

5.70.054

Section:	Prescription Drugs	Effective Date:	July 1, 2026
Subsection:	Analgesics and Anesthetics	Original Policy Date:	December 7, 2011
Subject:	Lidocaine	Page:	1 of 4

Last Review Date: June 11, 2026

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

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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

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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 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

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September 2023	Annual review
June 2024	Annual review
September 2024	Annual review
June 2025	Annual review
June 2026	Annual review

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on June 11, 2026 and is effective on July 1, 2026.