LYME DISEASE

Early Lyme Disease – localized
- Serologic testing not required for classic disease.
- Approve up to 21 days of oral therapy.
- Requests for cefuroxime axetil must demonstrate sensitivity to, contraindication for or intolerance of doxycycline and amoxicillin.
- Macrolides may be approved only if demonstrated sensitivity to, contraindication for or intolerance of doxycycline, amoxicillin and cefuroxime.

Early Disseminated Lyme Disease with carditis, cranial nerve palsy, meningitis or acute radiculopathy.
- Approve oral or IV therapy for 21 days as referenced.
- Neither antibiotic therapy nor corticosteroids affect the course of facial palsy (although untreated patients with Lyme disease and facial palsy should receive antibiotic therapy)

Lyme Arthritis
- Approve 28 days of oral therapy as per guidelines.
- Persistent or recurrent arthritis.
  ➢ May approve a second course or oral therapy or 2-4 weeks of IV ceftriaxone 60-90 days after completion of initial therapy.

Neuroborreliosis
- Medical record should document positive Western Blot IgG and a high probability of Lyme disease by history and clinical findings*.
- Approve 14 – 28 days of IV therapy as per guidelines.
- Response to treatment is slow and may be incomplete. Unless relapse is shown by reliable objective measures, repeat treatment will not be approved.
- Offer tertiary Lyme center evaluation when therapy is denied.

Chronic Lyme Disease or Post Lyme Disease Syndrome**
- Antibiotic treatment beyond the standard 4 weeks of therapy is not warranted and will not be approved.
- Offer tertiary Lyme center evaluation when therapy is denied.

* CDC guidelines for testing for Lyme Disease: The first required test is the Enzyme Immunoassay (EIA) or Immunofluorescence Assay (IFA). If this test yields negative results, the provider should consider an alternative diagnosis; or in cases where the patient with has had symptoms for less
than or equal to 30 days, the provider may treat the patient and follow up with a convalescent serum. If the first test yields positive or equivocal results, two options are available: 1) If the patient has had symptoms for less than or equal to 30 days, an IgM Western Blot is performed; 2) if the patient has had symptoms for more than 30 days, the IgG Western Blot is performed. The IgM should not be used if the patient has been ill for more than 30 days.

**Approximately 10 to 20% of patients treated for Lyme disease with a recommended 2-4 week course of antibiotics will have lingering symptoms of fatigue, pain, or joint and muscle aches. In some cases, these can last for more than 6 months. Although often called "chronic Lyme disease," this condition is properly known as "Post-treatment Lyme disease Syndrome" (PTLDS). The National Institutes of Health (NIH) has funded several studies on the treatment of Lyme disease which show that most patients recover when treated with a few weeks of antibiotics taken by mouth. The exact cause of PTLDS is not yet known. Most medical experts believe that the lingering symptoms are the result of residual damage to tissues and the immune system that occurred during the infection. Regardless of the cause of PTLDS, studies have not shown that patients who received prolonged courses of antibiotics do better in the long run than patients treated with placebo. Furthermore, long-term antibiotic treatment for Lyme disease has been associated with serious complications.