



## Lidocaine Patch — Lidoderm Prior Authorization of Benefits Form

**CONTAINS CONFIDENTIAL PATIENT INFORMATION**

Complete form in its entirety and fax to: Prior Authorization of Benefits Center at 1-844-512-9004.

Provider Help Desk: 1-800-454-3730

**1. Patient information**

Patient name: \_\_\_\_\_  
 Patient ID #: \_\_\_\_\_  
 Patient DOB: \_\_\_\_\_  
 Date of Rx: \_\_\_\_\_  
 Patient phone #: \_\_\_\_\_  
 Patient email address: \_\_\_\_\_

**2. Physician information**

Prescribing physician: \_\_\_\_\_  
 Physician address: \_\_\_\_\_  
 Physician phone #: \_\_\_\_\_  
 Physician fax #: \_\_\_\_\_  
 Physician specialty: \_\_\_\_\_  
 Physician DEA: \_\_\_\_\_  
 Physician NPI #: \_\_\_\_\_  
 Physician email address: \_\_\_\_\_

**3. Medication**

**4. Strength**

**5. Directions**

**6. Quantity per 30 days**

_____	_____	_____	Specify: _____
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**7. Diagnosis:** \_\_\_\_\_

**8. Approval criteria:** (Check all boxes that apply. Note: Any areas not filled out are considered not applicable to your patient and may affect the outcome of this request.)

Prior authorization is required for topical lidocaine patches. Payment will be considered only for cases in which there is a diagnosis of pain associated with post-herpetic neuralgia. A maximum of 30 patches may be dispensed with the initial prescription to determine efficacy.

**Preferred**

Lidocaine 5% Patch

**Non-Preferred**

Lidoderm

Ztildo

Other relevant information: \_\_\_\_\_  
 \_\_\_\_\_

**Attach lab results and other documentation as necessary.**

**9. Physician signature**

\_\_\_\_\_  
Prescriber or authorized signature

\_\_\_\_\_  
Date

Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions. The submitting provider certifies that the information provided is true, accurate, and complete and the requested services are medically indicated and necessary to the health of the patient.

Note: Payment is subject to member eligibility. Authorization does not guarantee payment.