CAREFIRST
Lidocaine topical, Lidocaine-Prilocaine, Lidocaine-Tetracaine Post Limit

This fax machine is located in a secure location as required by HIPAA regulations. Fax complete signed and dated forms to CVS/Caremark at 888-836-0730. Please contact CVS/Caremark at 800-294-5979 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Lidocaine topical, Lidocaine-Prilocaine, Lidocaine-Tetracaine Post Limit.

Patient Information

Patient Name:
Patient Phone: ☐☐☐-☐☐☐-☐☐☐☐
Patient ID:
Patient Group:
Patient DOB: ☐☐/☐☐/☐☐☐☐

Physician Information

Physician Name
Physician Phone: ☐☐☐-☐☐☐-☐☐☐☐
Physician Fax: ☐☐☐-☐☐☐-☐☐☐☐
Physician Addr.:
City, St, Zip:

Drug Name (specify drug)

_____

Quantity: _____ **Frequency:** _____ **Strength:** _____

Route of Administration: _____ **Expected Length of Therapy:** _____

Diagnosis: _____ **ICD Code:** _____

Comments: _____

_____

Please check the appropriate answer for each applicable question.

1.	Is this request for Lidocaine-prilocaine 2.5-2.5 percent cream as a topical anesthetic for use on either A) normal intact skin for local analgesia, B) genital mucous membranes for superficial minor surgery or as pretreatment for infiltration anesthesia?	**Y** ☐	**N** ☐
2.	Is this request for Lidocaine 5 percent ointment for any of the following: A) production of anesthesia of accessible mucous membranes of the oropharynx, B) as an anesthetic lubricant for intubation, C) temporary relief of pain associated with minor burns, including sunburn, abrasions of the skin, or insect bites?	**Y** ☐	**N** ☐
3.	Is this request for Lidocaine urethral/mucosal 2 percent gel for any of the following: A) prevention and control of pain in procedures involving the urethra, B) topical treatment of painful urethritis, C) as an anesthetic lubricant for endotracheal intubation (oral or nasal)?	**Y** ☐	**N** ☐
4.	Is this request for Lidocaine-tetracaine 7-7 percent cream (Pliaglis) for use on intact skin in adults to provide topical local analgesia for superficial dermatological procedures such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, or laser-assisted tattoo removal?	**Y** ☐	**N** ☐
5.	Is this request for Lidocaine 4 percent topical solution for production of topical anesthesia of accessible mucous membranes of the oral or nasal cavities or proximal portions of the digestive tract?	**Y** ☐	**N** ☐
6.	Is this request for Lidocaine-tetracaine 70-70mg patch (Synera) for use on intact skin to provide local dermal analgesia for superficial venous access or superficial dermatological procedures such as excision, electrodessication or shave biopsy of skin lesions?	**Y** ☐	**N** ☐

7.	Is this request for Lidocaine 2 percent gel or Lidocaine-collagen-aloe vera 2 percent gel for the local management of painful skin wounds for any of the following: A) pressure ulcers, B) venous stasis ulcers, C) superficial wounds or scrapes, D) first or second degree burns?	**Y** ☐	**N** ☐
8.	Is this request for Lidocaine 4 percent gel for any of the following: A) stage I - IV pressure ulcers, B) venous stasis ulcers, C) ulcerations caused by mixed vascular etiologies, D) diabetic skin ulcers, E) first or second degree burns, F) post-surgical incisions, cuts or abrasions?	**Y** ☐	**N** ☐
9.	Has the patient experienced an inadequate treatment response to all available FDA-approved drugs and over-the counter (OTC) products for their medical condition?	**Y** ☐	**N** ☐
10.	Has the patient experienced an intolerance to all available FDA-approved drugs and over-the counter (OTC) products for their medical condition?	**Y** ☐	**N** ☐
11.	Does the patient have a contraindication that would prohibit a trial of all available FDA-approved drugs and over-the counter (OTC) products for their medical condition?	**Y** ☐	**N** ☐
12.	Will the requested product be used as part of a compound?	**Y** ☐	**N** ☐
13.	Does the patient require more than the plan allowance of any of the following per month: A) 100 gm or mL of Lidocaine ointment or Lidocaine solution, B) 125 mL of Lidocaine urethral/mucosal gel, C) 60 gm of Lidocaine-prilocaine cream or Lidocaine-tetracaine cream (Pliaglis), D) 10 patches of Lidocaine-tetracaine patch (Synera), E) 85 gm or mL of Lidocaine HCl 2 percent gel or Lidocaine-collagen-aloe vera 2 percent gel, F) 90 mL of Lidocaine HCl 4 percent gel?	**Y** ☐	**N** ☐

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that the documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable a state or federal regulatory agency.

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Prescriber (Or Authorized) Signature and Date