

Prior Authorization Form

GEHA FEDERAL - STANDARD OPTION

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

This fax machine is located in a secure location as required by HIPAA regulations.

Complete/review information, sign and date. Fax signed forms to CVS/Caremark at **1-888-836-0730**.

Please contact CVS/Caremark at **1-800-294-5979** 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.

Drug Name
(specify drug)

Quantity

Frequency

Strength

Route of Administration

Expected Length of Therapy

Patient Information

Patient Name:

Patient ID:

Patient Group No.:

Patient DOB:

Patient Phone:

Prescribing Physician

Physician Name:

Physician Phone:

Physician Fax:

Physician Address:

City, State, Zip:

Diagnosis:

ICD Code:

Comments:

Please circle the appropriate answer for each question.

1. 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) for the temporary relief of pain associated with minor burns, including sunburn, abrasions of the skin, and insect bites?

Y N

[If yes, then skip to question 8.]

2. Is this request for Lidocaine-prilocaine 2.5-2.5 percent cream (Emla) as a topical anesthetic for use on either A) normal intact skin for local analgesia, B) genital mucous

Y N

membranes for superficial minor surgery and as pretreatment for infiltration anesthesia?	
[If yes, then skip to question 8.]	
3. Is this request for Lidocaine HCl 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 and nasal)?	<input type="text"/> Y <input type="text"/> N
[If yes, then skip to question 8.]	
4. Is this request for Lidocaine HCl 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 and second degree burns, F) post-surgical incisions, cuts and abrasions?	<input type="text"/> Y <input type="text"/> N
[If yes, then skip to question 8.]	
5. Is this request for Lidocaine HCl 4 percent topical solution for the production of topical anesthesia of accessible mucous membranes or the oral and nasal cavities and proximal portions of the digestive tract?	<input type="text"/> Y <input type="text"/> N
[If yes, then skip to question 8.]	
6. 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, and laser-assisted tattoo removal?	<input type="text"/> Y <input type="text"/> N
[If yes, then skip to question 8.]	
7. Is this request for Lidocaine-tetracaine 70-70mg patch (Synera) for use on intact skin to provide local dermal analgesia for superficial venous access and superficial dermatological procedures such as excision, electrodesiccation and shave biopsy of skin lesions?	<input type="text"/> Y <input type="text"/> N
8. Will the requested drug be used as part of a compounded product?	<input type="text"/> Y <input type="text"/> N
[If yes, then no further questions.]	
9. Does the patient require use of MORE than any of the following per month: A) 60 grams of lidocaine-prilocaine 2.5-2.5 percent cream (Emla), B) 60 grams of Lidocaine HCl 2 percent gel, C) 60 grams of Lidocaine HCl 4 percent gel, D) 100 grams of Lidocaine 5 percent ointment, E) 100 mL of Lidocaine HCl 4 percent solution, F) 60 grams of lidocaine-tetracaine 7-7 percent cream (Pliaglis), G) 4 patches of lidocaine-tetracaine 70-70mg patch (Synera)?	<input type="text"/> Y <input type="text"/> N

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature and Date