

# Pharmacy Prior Authorization Form

Last Reviewed: Nov 09

For Prior Authorization please fax to: (877)974-4411 toll free, or (616)942-8206

This form applies to:  Commercial Plan     Medicaid Plan     Medicare Plan

**Lidoderm Patch<sup>®</sup> (lidocaine)**     Urgent     Non-urgent

Member Name:	Member #:
DOB:	Gender:
Provider Name:	Provider Phone:
Provider Office Address:	
Provider Office Contact Name:	Provider Fax:
Provider Signature:	Provider NPI:
Date:	Member's PCP:

Product:

Lidoderm Patch (10 cm x 14 cm)

Dose: \_\_\_\_\_ Start date: \_\_\_\_\_

## Priority Health Precertification Requirements:

Authorization for Lidoderm requires:

- Diagnosis of postherpetic neuralgia (PHN)
- Diagnosis of chronic neuropathic pain localized along one nerve line or group of nerves or to one area (such as feet, lower back or neck)
  - Trial and failure with at least two other treatment modalities

Please Complete the Following Information:

Diagnosis:

- Postherpetic Neuralgia (following shingles)
- Chronic neuropathy (> 3 months) characterized by shooting, stabbing, burning-type pain with allodynia, along one nerve line or group of nerves, or localized to one area (such as feet, lower pain or neck)

For chronic neuropathy, check all other therapies tried:

- Nerve blocks     Trigger point injections     TENS     Drug therapy-tricyclic antidepressants  
 SNRI's     gabapentin     Other: \_\_\_\_\_

List results of other therapies tried: \_\_\_\_\_

**Authorization and limitation:**

- When approved, authorization will be limited to two months of therapy initially for PHN
- If the pain is still present after two months of therapy with Lidoderm patches, an additional one month of therapy will be approved for PHN
- Note: patches may be cut before adhesive liner removed to fit area(s) of most severe pain
- Maximum 3 patches/day
- Note: CMS requires use for FDA-approved indications only for Medicare members

**\*\*\* All fields must be complete and legible for Prior Authorization Review\*\*\***

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YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX**