## Patient Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Member ID #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Name:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Diagnosis:</td>
<td>Diagnosis Code:</td>
</tr>
</tbody>
</table>

## Provider Information

<table>
<thead>
<tr>
<th>Prescriber's Name:</th>
<th>Prescriber’s DEA #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number:</td>
<td>Fax Number:</td>
</tr>
<tr>
<td>Office Address:</td>
<td></td>
</tr>
</tbody>
</table>

Complete and review information, sign and date. Fax signed form to Caremark’s Prior Authorization department at 888-836-0730. Caremark is an independent company that provides pharmacy benefit management services, including prior authorization review, on behalf of the member’s health plan. The Caremark fax machine is located in a secure location as required by HIPAA regulations.

Providers can call Caremark at 800-294-5979 with any questions concerning prior authorization procedures. Members should call Caremark Customer Care at 888-963-7290 with any questions. Members can also call their health plan at the number on their member ID cards.

1. Is this request for lidocaine-prilocaine 2.5-2.5% cream as a topical anesthetic for use on either A) normal intact skin for local analgesia, B) genital mucous membranes for superficial minor surgery and as pretreatment for infiltration anesthesia? [If yes, then skip to question 8.]  
   - **Y**  
   - **N**

2. Is this request for Lidocaine hcl 2% gel for any of the following: A) prevention and control of pain in procedures involving the male and female urethra, B) topical treatment of painful urethritis, C) as an anesthetic lubricant for endotracheal intubation (oral and nasal)? [If yes, then skip to question 8.]  
   - **Y**  
   - **N**

3. Is this request for Lidocaine hcl 4% 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 and cuts? [If yes, then skip to question 8.]  
   - **Y**  
   - **N**

4. Is this request for Lidocaine 5% ointment for any of the following: A) production of anesthesia of accessible mucous membranes of the oropharynx, B) as an anesthetic lubricant for intubation? [If yes, then skip to question 8.]  
   - **Y**  
   - **N**

5. Is this request for Lidocaine hcl 4% 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? [If yes, then skip to question 8.]  
   - **Y**  
   - **N**

6. Is this request for lidocaine-tetracaine 7-7% cream 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? [If yes, then skip to question 8.]  
   - **Y**  
   - **N**

7. Is this request for lidocaine-tetracaine 70-70mg patch for use on intact skin to provide local dermal analgesia for superficial venous access and superficial dermatological procedures such as excision, electrodessication and shave biopsy of skin lesions?  
   - **Y**  
   - **N**
8. Does the prescribed quantity fall within the manufacturer's published dosing guidelines?  
   Y  N

9. Will the requested drug be used as part of a compounded product?  
   [If no, then no further questions.]  
   Y  N

10. Are all the active ingredients in the compounded product FDA approved for topical use?  
    Y  N

Comments: _____________________________________________________________________________________

Information on this form is accurate as of this date.

<table>
<thead>
<tr>
<th>Prescriber’s Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

Confidential  Page 2 of 2  Effective: 07/01/17