



Date of Request: _____

Sterling Retiree Rx Prior Authorization Form

LIDODERM (Lidocaine HCl)

Coverage Criteria

Nerve pain from Herpes zoster (shingles) infection

Exclusion Criteria

Sensitivity to local anesthetics of the amide type (e.g., procaine, tetracaine, benzocaine); or skin is broken or inflamed where the patch is to be applied.

Name					
Enrollment/Card-holder ID Number					
Group/Plan		Male		Female	
Date of Birth		Age		Weight in Kg	
Street Address					
City		State		Zip	

Physicians Information

Name					
Agent			Contact Name		
Specialty/Office					
Clinic Name					
Street Address					
City		State		Zip	
Phone		Fax			

Requested Drug

LIDODERM	Reason for Request
Condition/Diagnosis Related	

Clinical Drug/Lab History Pertinent to Request

Labs: Baseline/Ongoing	Strength/Dosage
Please List Alternative Formulary Drugs	

Comments	
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Physicians Signature: _____ **Fax Form to 1-877-847-9904**