Horizon NJ Health
Lidocaine Patch 5% (Lidoderm) – Medical Necessity Request

General Information:
1. What other medications has the member tried for the diagnosis?

2. Is the patch being applied to intact (i.e., not altered, broken, or impaired) skin? Yes or No

3. Does the member have a known sensitivity to local anesthetics of the amide type? (e.g., bupivacaine, levobupivacaine, mepivacaine, ropivacaine, prilocaine, dibucaicne) Yes or No

4. What is the maximum number of patches being applied per day? □ 1 □ 2 □ 3 □ More than 3

5. Are the directions to apply for up to 12 hours on and 12 hours off? □ Yes
   □ No - Can the directions be changed to apply up to 12 hours on and 12 hours off?
      □ Yes
      □ No - What is the clinical reason for applying the patches for more than 12 hours a day?

Diagnosis Information (please indicate diagnosis and answer related questions):

□ Post-herpetic neuralgia (nerve pain due to prior shingles/herpes zoster infection)

□ Diabetic Neuropathy
   1. Can the member try any of the following medications instead of Lidoderm: gabapentin, sodium valproate, generic Effexor/Effexor XR, Cymbalta, amitriptyline, morphine sulfate, tramadol, oxycodone, or capsaicin?
      □ Yes - please provide the name of the new medication, call the prescription for the new medication into the pharmacy, then return form to HNJH.
      □ No - please provide the reason why one of the suggested medications cannot be tried.

□ Cancer
   1. Is the member experiencing neuropathic (nerve) pain? Yes or No
   2. Has the member previously tried or is currently receiving an opioid analgesic (e.g., oxycodone, morphine, etc), Voltaren Gel, Lidocaine Gel, Corticosteroid (e.g. Prednisone), an antidepressant (e.g., amitriptyline, venlafaxine, etc) or an anticonvulsant (e.g., gabapentin)?
      □ Yes - please provide the names of the medications tried:
      □ No - Can the member try either an opioid analgesic, Voltaren Gel, an antidepressant or an anticonvulsant?
         □ Yes - please provide the name of the new medication, call the prescription for the new medication into the pharmacy, then return form to HNJH.
         □ No - provide the reason why one of the suggested medications cannot be tried.

Physician office’s signature* ___________________________ Print Name ___________________________
*Form must be completed by prescribing physician or his/her representative

Rev. 06/14
HNJH Fax #: 888-567-0681
Page 1 of 3
Neuropathic pain (Nerve Pain)

1. What is the pain due to?
   □ Prior herpes zoster or shingles infection
   □ Diabetes
      a. Can the member try any of the following medications instead of Lidoderm: gabapentin, sodium valproate, generic Effexor/Effexor XR, Cymbalta, amitriptyline, morphine sulfate, tramadol, oxycodone, or capsaicin?
         □ Yes - please provide the name of the new medication, call the prescription for the new medication into the pharmacy, then return form to HNJH.
         □ No - please provide the reason why one of the suggested medications cannot be tried.

   □ Cancer
      a. Can the member try an opioid analgesic, Lidocaine Gel, Corticosteroid (e.g. Prednisone), Voltaren Gel, an antidepressant or an anticonvulsant?
         □ Yes - please provide the name of the new medication, call the prescription for the new medication into the pharmacy, then return form to HNJH.
         □ No - please provide the reason why one of the suggested medications cannot be tried.

   □ General Peripheral Neuropathy
      a. Can the member try any of the following medications instead of Lidoderm? Lidocaine Gel, Cymbalta, generic Effexor/Effexor XR, gabapentin, tramadol, an opioid analgesic (e.g., Oxycodone, morphine, etc) or a tricyclic antidepressant (e.g., amitriptyline, etc)?
         □ Yes - please provide the name of the new medication, call the prescription for the new medication into the pharmacy, then return form to HNJH.
         □ No - please provide the reason why one of the suggested medications cannot be tried.

   □ Other
      a. Is the nerve pain central or peripheral?
         □ Central (caused by problem in the spinal cord or brain - e.g, stroke, multiple sclerosis, traumatic brain injury, etc.)
         □ Peripheral (caused by problem in nerves in other parts of the body - hands, feet, etc.)
      b. Can the member try any of the following medications instead of Lidoderm? Lidocaine Gel(only for peripheral nerve pain, Cymbalta, generic Effexor/Effexor XR, gabapentin, tramadol, an opioid analgesic (e.g., oxycodone, morphine, etc) or a tricyclic antidepressant (e.g., amitriptyline, etc)?
         □ Yes - please provide the name of the new medication, call the prescription for the new medication in to the pharmacy, then return form to HNJH.
         □ No - please provide the reason why one of the suggested medications cannot be tried.

   □ Other:

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Rev. 06/14 HNJH Fax #: 888-567-0681
**Complete page 3 only for Subsequent/Renewal requests**

1. Is the patch being applied to intact (i.e., not altered, broken, or impaired) skin? Yes or No

2. How many patches are being applied per day? ☐ 1 ☐ 2 ☐ 3 ☐ More than 3

3. Are the directions to apply for up to 12 hours on and 12 hours off?
   ☐ Yes
   ☐ No - Can the directions be changed to apply up to 12 hours on and 12 hours off?
     ☐ Yes
     ☐ No - What is the clinical reason for applying the patches for more than 12 hours a day?

Physician office’s signature* ___________________________ Print Name ___________________________

*Form must be completed by prescribing physician or his/her representative