

To be completed and signed by the prescriber.

MARTIN'S POINT®
HEALTHCARE

Clinical Documentation is required for a determination to be made.

Please fax completed form back to: (207) 828-7816

Prior authorization does not expire.

Step Please complete patient and physician information (please print):

1

Patient Name: _____

Physician Name: _____

Address: _____

Address: _____

Sponsor ID # _____

Phone #: _____

Date of Birth: _____

Secure Fax #: _____

Step Please complete the clinical assessment:

2

1. Provider acknowledges that other formulations of lidocaine 5% patch are available without prior authorization.

☐ Acknowledged

Proceed to question 2

2. Please explain why the patient requires the requested medication and cannot take the cost-effective generic lidocaine 5% formulations.

Sign and date below

Step I certify the above is true to the best of my knowledge. Please sign and date:

3

Prescriber Signature

Date _____

[29 May 2024]