





7. Is this request for Lidocaine-tetracaine 7-7 percent cream (Pliaglis) 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? Y  N
8. Is this request for Lidocaine-tetracaine 70-70mg patch (Synera) for use on intact skin to provide local dermal analgesia for superficial venous access and superficial dermatological procedures such as excision, electrodesiccation and shave biopsy of skin lesions? Y  N
9. Will the requested drug be used as part of a compounded product? Y  N
10. Does the patient require more than the plan allowance of any of the following per month: A) 100 units of Lidocaine ointment or Lidocaine solution; B) 60 units of Lidocaine-prilocaine cream (Emla), Lidocaine gel, or Lidocaine-tetracaine cream (Pliaglis); C) 4 patches of Lidocaine-tetracaine patch (Synera)? Y  N

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that the documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable a state or federal regulatory agency.

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**Prescriber (Or Authorized) Signature and Date**

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