PHARMACA
SPECIALTY PHARMACY

# ZTLIDO ENROLLMENT FORM

Fax: **888.882.3341**
Call: **855.465.8892**

## 1 PATIENT INFORMATION:

Name: ______________________________

Address: ______________________________

City: ______________ State: _____ Zip: ________

Phone: ______________ Alt Phone: ______________

Email: ______________________________

DOB: ____________ ❑ M ❑ F Last 4 of SSN: ________

## 2 PRESCRIBER INFORMATION:

Name: ______________________________

Address: ______________________________

City: ______________ State: _____ Zip: ________

Phone: ______________ Fax: ______________

NPI: ______________ DEA: ______________

Office Contact: ______________ Phone: ______________

## 3 INSURANCE INFORMATION:

**Please attach front and back copies of prescription/medical insurance card(s).**

## 4 CLINICAL INFORMATION:

**To expedite prior authorization, please attach relevant clinical documentation.**

**Primary ICD-10:** ____________ **Allergies:** ❑ NKDA ❑ ______________________

| | | |
|---|---|---|
| Does the patient have a history of failure, contraindications or intolerance to lidocaine patch? | ❑ Yes | ❑ No |
| Has the patient tried another drug in the same class or with the same mechanism of action? | ❑ Yes | ❑ No |
| Was prior therapy discontinued due to lack of efficacy, diminished effect or an adverse event? | ❑ Yes | ❑ No |

**Additional Information:** ______________________________

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## PRESCRIPTION INFORMATION:

| Medication and Directions | Qty | Refills |
|---|---|---|
| ❑ **ZTlido 1.8% Single-Use Topical Patch:** Apply patch(es) to intact skin to cover the most painful area only once for up to 12 hours in a 24-hour period as directed by your physician. **Patches per Day:** ❑ 1 (one) ❑ 2 (two) ❑ 3 (three) | | |
| ❑ **Other:** | | |

I authorize Pharmaca and its affiliates to act on my behalf to obtain prior authorization and/or other assistance if applicable. I acknowledge that prior authorization/payment is not guaranteed.

PHYSICIAN SIGNATURE REQUIRED

X ______________________________ Substitution Permitted / Date

X ______________________________ Dispense as Written / Date

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