

## Topical Local Anesthetics

### Member Information

1. Last Name: \_\_\_\_\_ 2. First Name: \_\_\_\_\_  
3. Trillium ID #: \_\_\_\_\_ 4. Date of Birth: \_\_\_\_\_ 5. Gender: \_\_\_\_\_

### Prescriber Information

1. Prescriber Name: \_\_\_\_\_ 2. NPI #: \_\_\_\_\_  
3. Requestor Name (Nurse/Office Staff): \_\_\_\_\_  
4. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
3. Phone #: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax #: \_\_\_\_\_

### Drug Information

1. Drug Name: \_\_\_\_\_ 2. Strength: \_\_\_\_\_ 3. Quantity Per 30 Days: \_\_\_\_\_  
4. Length of Therapy (in Days):  up to 30 Days  60 Days  90 Days  120 Days  180 Days  365 Days  Other \_\_\_\_\_

### Clinical Information

1. Is the patient diagnosed with post-herpetic neuralgia?  Yes  No
2. Does the member have a diagnosis of Neuropathic pain?  Yes  No **If 'YES', please answer 'a'**
  - a. Does the recipient have a documented trial and failure of at least two of the following drug categories: tri-cyclic antidepressant, SSRIs, SNRIs, anticonvulsants, NSAIDs, or COXIIIs or have a documented clinical reason that these products cannot be tried?  Yes  No  
Please List: \_\_\_\_\_
3. Does the member have a diagnosis of chronic musculo-skeletal pain for greater than 6 months duration?  
 Yes  No **If 'YES', please answer 'a'**
  - a. Does the member have a documented trial and failure of at least two of the following drug categories: tri-cyclic antidepressant, SSRIs, SNRIs, anticonvulsants, NSAIDs, or COXIIIs or have a documented clinical reason that these products cannot be tried?  Yes  No  
Please List: \_\_\_\_\_

### For Non-preferred medication requests:

4. Has the beneficiary tried and failed a preferred neuropathic pain medication?  Yes  No

Signature of Prescriber: \_\_\_\_\_ Date: \_\_\_\_\_

**(Prescriber Signature Mandatory)**

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.