



Pharmacy Prior Approval Request for Topical Local Anesthetics

Beneficiary Information

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

Prescriber Information

6. Prescribing Provider NPI #: \_\_\_\_\_
7. Requester Contact Information - Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext. \_\_\_\_\_

Drug Information

8. Drug Name: \_\_\_\_\_ 9. Strength: \_\_\_\_\_ 10. Quantity Per 30 Days: \_\_\_\_\_
11. Length of Therapy (in days): [X] up to 30 days [ ] 60 Days [ ] 90 Days [ ] 120 Days [ ] 180 Days [ ]
365 Days [ ] Other \_\_\_\_\_

Clinical Information

1. Is the member diagnosed with post-herpetic neuralgia? [ ] Yes [ ] No
2. Does the member have a diagnosis of Neuropathic pain? [ ] Yes [ ] No If YES, please answer 2a
2a. 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? [ ] 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 2a
3a. 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? [ ] Yes [ ] No
Please List: \_\_\_\_\_
For Continuation: (answer in addition to the questions above)
Has the beneficiary shown continued benefit and improvement or stability in functional status? [ ] 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.

Fax this form to: (833) 404-2393

Pharmacy PA Call Center: (833) 585-4309

https://www.covermy meds.com/main/prior-authorization-forms/