Trillium Health Resources
Pharmacy Prior Approval Request for

Trillium HEALTH RESOURCES
Transforming Lives. Building Community Well-Being.

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 COXIIs 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 COXIIs 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.