



**NC Medicaid and NC Health Choice  
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): ☐ 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 recipient have a diagnosis of Neuropathic pain? ☐ Yes ☐ No **If YES, please answer 2a**
- 2a. 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? ☐ Yes ☐ No  
Please List: \_\_\_\_\_
3. Does the recipient have a diagnosis of Chronic musculo-skeletal pain for greater than six months  
duration?  
☐ Yes ☐ No **(If yes, please answer 3a.)**
- 3a. 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? ☐ 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 1-800-678-3189

Pharmacy PA Call Center: 1-866-799-5318