

PRESCRIBER INFORMATION

Name (First, Last) _____ NPI # _____
 Practice Name _____ Phone _____ Fax _____
 Address _____ City _____ State _____ Zip _____
 Group Tax ID _____ Office Contact Name _____ Office Contact Phone _____
 Name (First, Last) _____ NPI # _____


PHARMACY INFORMATION

Pharmacy Name _____
 Address _____
 City _____ State _____ Zip _____
 NPI # _____ NDCP # _____
 Phone _____ Fax _____

PATIENT INFORMATION

Name (First, MI, Last) _____ DOB (MM/DD/YYYY) _____
 Address _____
 City _____ State _____ Zip _____
 Insurance _____

Deliver to Patient Deliver to Clinic

 <small>(diclofenac epolamine) topical system 1.3%</small>	R_x	<p>Rx: Licart™ (diclofenac epolamine) 1.3% topical system</p> <p><input type="checkbox"/> 15 patches (15 days) <input type="checkbox"/> 30 patches (30 days)</p> <p>Sig: Apply 1 patch for 24 hours qd. for pain; only one patch per 24 hour period.</p>
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DAW unless specified here _____

PRIMARY DIAGNOSIS/ICD-10-CM CODE:

Back Pain

- G89.11 - Acute pain due to trauma
- S33.5XXA - Sprain of ligaments of lumbar spine, initial encounter
- S33.5XXD - Sprain of ligaments of lumbar spine, subsequent encounter
- S39.012A - Strain of muscle, fascia, and tendon of lower back, initial Low back strain, lumbar muscle strain
- S29.012A - Strain of muscle, fascia and tendon of back wall of thorax, initial
- S29.012D - Strain of muscle and tendon of back wall of thorax, subsequent

Neck Pain

- M54.2 - Neck pain
- S16.1XXA - Strain of muscle, fascia and tendon at neck level, initial encounter

Ankle Sprain

- S93.401A - Sprain of unspecified ligament of right ankle, initial encounter
- S93.401D - Sprain of unspecified ligament of right ankle, subsequent encounter
- Other _____

Hip

- S76.009A - Unspecified injury of muscle, fascia and tendon of unspecified hip, initial encounter
- S76.019S - Strain of muscle, fascia and tendon of unspecified hip, sequela
- S76.009D - Unspecified injury of muscle, fascia and tendon of unspecified hip, subsequent encounter

Back/Thorax

- S20.223A - Contusion of bilateral back wall of thorax, initial
- S20.224D - Contusion of middle wall of thorax, subsequent encounter
- S20.229D - Contusion of unspecified back wall of thorax, subsequent encounter

Muscle Strain (General)

- S39.001A - Unspecified injury of muscle, fascia and tendon of abdomen, initial encounter

Muscle Contusion

- S20.219A - Contusion of unspecified front wall of thorax, chest, rib
- S20.229D - Contusion of unspecified back wall of thorax, chest, rib
- S30.0XXA - Contusion of lower back and pelvis

CLINICAL JUSTIFICATION (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Failure of prior NSAID therapy | <input type="checkbox"/> Prior history of peptic, gastric or duodenal ulcer | <input type="checkbox"/> Prior history of cardiovascular events |
| <input type="checkbox"/> History of bleeding disorders | <input type="checkbox"/> History of NSAID- related ulcer | <input type="checkbox"/> Commitment use of oral corticosteroids |
| <input type="checkbox"/> Concomitant use of aspirin or anti-platelet agents | | <input type="checkbox"/> Other _____ |

I authorize (Pharmacy Name) _____ their affiliates and representatives to act as an agent to initiate/execute the insurance prior authorization process.

Prescriber's signature _____ Date _____