



(diclofenac epolamine) topical system 1.3%

### PRESCRIBER INFORMATION

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

### 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



(diclofenac epolamine) topical system 1.3%



Rx: Licart® (diclofenac epolamine) 1.3% topical system

[ ] 15 patches (15 days) [ ] 30 patches (30 days)

Sig: Apply 1 patch for 24 hours qd. for pain; only one patch per 24 hour period.

[ ] 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

#### Foot/Ankle Tendonitis

- [ ] M76.61 - Achilles tendonitis, right leg
[ ] M76.62 - Achilles tendonitis, left leg
[ ] M76.71 - Peroneal tendonitis, right leg
[ ] M76.72 - Peroneal tendonitis, left leg
[ ] M76.821 - Tibial tendonitis, right leg
[ ] M76.822 - Tibial tendonitis, left leg
[ ] S96.811 - Strain of other specified muscles and tendons at ankle and foot level, right leg

- [ ] S96.812 - Strain of other specified muscles and tendons at ankle and foot level, left leg
[ ] S90.31XA - Contusion of right foot, initial encounter
[ ] S90.32XA - Contusion of left foot, initial encounter
[ ] M72.2 - Plantar fasciitis

#### 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
[ ] Other \_\_\_\_\_

### CLINICAL JUSTIFICATION (check all that apply)

- [ ] Failure of prior NSAID therapy [ ] Prior history of peptic, gastric or duodenal ulcer [ ] Prior history of cardiovascular events
[ ] History of bleeding disorders [ ] History of NSAID- related ulcer [ ] Commitment use of oral corticosteroids
[ ] Concomitant use of aspirin or anti-platelet agents [ ] 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 \_\_\_\_\_