



Please complete ALL information below and fax your request to 1-888-671-5285

### Pennsaid® (diclofenac sodium) Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)		
Medication Name:	Strength:	Dosage Form:
<input type="checkbox"/> Check if <b>generic substitution</b> is acceptable <input type="checkbox"/> Check if request is for <b>continuation of therapy</b>		Directions for Use:

Clinical Information (required)
<b>Select the diagnosis below:</b> <input type="checkbox"/> Osteoarthritis of the knee(s) <input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____
<b>Clinical information:</b> Has the patient had a trial and failure, contraindication, or intolerance to at least two prescription strength oral nonsteroidal anti-inflammatory drugs (NSAIDs)? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the patient have a documented swallowing disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the patient have a history of peptic ulcer disease/gastrointestinal bleed? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the patient have one additional risk factor for gastrointestinal adverse events (e.g., use of anticoagulants, chronic corticosteroids)? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Reauthorization:</b> <b>For reauthorization requests, also answer the following:</b> Does the patient have documentation of positive clinical response (e.g., improvement in pain symptoms of osteoarthritis) to therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

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Please note: This request may be denied unless all required information is received.