

Prior Authorization Request Form for
Diclofenac sodium 2% topical solution (Pennsaid)



JOHNS HOPKINS
 MEDICINE

JOHNS HOPKINS
 HEALTHCARE

7231 Parkway Drive, Suite 100, Hanover, MD 21076

USFHP Pharmacy Prior Authorization Form

**FAX Completed Form and
 Applicable Progress Notes to:
 (410) 424-4037**

To be completed by Requesting provider	
Drug Name:	Strength:
Dosage/Frequency (SIG):	Duration of Therapy:

Questions? Contact the Pharmacy Dept at: (888) 819-1043, option 4

Clinical Documentation must accompany form in order for a determination to be made.

Step 1 Please complete patient and physician information (please print):

1	Patient Name: _____	Physician Name: _____
	Address: _____	Address: _____
	_____	_____
	Sponsor ID #: _____	Phone #: _____
	Date of Birth: _____	Secure Fax #: _____

Step 2 Please complete the clinical assessment:

1. Does the patient have a documented diagnosis of osteoarthritis of the knee?	<input type="checkbox"/> Yes Proceed to question 2	<input type="checkbox"/> No STOP Coverage not approved
2. Is the patient unable to take oral NSAIDs or acetaminophen due to documented intolerance, contraindication, or adverse reaction?	<input type="checkbox"/> Yes Skip to question 4	<input type="checkbox"/> No Proceed to question 3
3. Is the patient 75 years of age or older?	<input type="checkbox"/> Yes Proceed to question 4	<input type="checkbox"/> No STOP Coverage not approved
4. Is the patient unable to use generic diclofenac 1.5% topical solution AND diclofenac 1% topical gel (Voltaren Gel) due to documented inadequate effects?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No Coverage not approved

Step 3 I certify the above is true to the best of my knowledge. Please sign and date:

Prescriber Signature

Date

[8 February 2017]

For Internal Use Only	
<input type="checkbox"/> Approved:	Duration of Approval: ____month(s)
<input type="checkbox"/> Denied:	Authorized By:
<input type="checkbox"/> Incomplete/Other:	PA#:
Date Faxed to MD:	Date Decision Rendered: