

Bravo Health

Coverage Review / Prior Authorization Request Form
Diclofenac gel (Voltaren® gel)



| Patient Information | | Prescriber Information | |
|---------------------|--|------------------------|--|
| Member Name: | | Prescriber Name: | |
| Bravo ID # | | Prescriber Specialty: | |
| DOB: | | Prescriber Address: | |
| Address: | | | |
| | | Office Phone#: | |
| Home Phone: | | Office Fax #: | |
| | | Contact Person: | |

| Diagnosis and Medication Requested | | |
|---|------------|-------------------------|
| Medication Requested (dosage, frequency): | | Qty: |
| Prescribing Diagnosis: | ICD9 Code: | Date Therapy Initiated: |

Clinical Criteria

Please answer the following questions:

- Has the patient's pain fail to respond to or experienced treatment failure with 3 or more different oral prescription NSAIDs? Clinical documentation must be included with this request.
Yes* No Unknown
- Does the patient have documented gastrointestinal disease and/or dysphagia? Clinical documentation must be included with this request.
Yes* No
- Please indicate which affected joints will require the administration of Voltaren® gel ?
___upper extremity (1 joint) ___ upper (2 joints) ___lower extremity (1 joint) ___lower (2 joints)
___ (0 joints, using to treat _____)
- Will the patient be using Voltaren® gel in addition to oral NSAIDs or a COX II inhibitor?
Yes No

Additional Comments/Explanation:

****Progress notes or other clinical documentation confirming treatment failure or intolerance to formulary or preferred drugs must be provided (if applicable.)**

| Request for Expedited Review |
|---|
| <input type="checkbox"/> REQUEST FOR EXPEDITED REVIEW [24 HOURS] BY CHECKING THIS BOX AND SIGNING BELOW, I CERTIFY THAT APPLYING THE 72 HOUR STANDARD REVIEW TIME FRAME MAY SERIOUSLY JEOPARDIZE THE LIFE OR HEALTH OF THE MEMBER OR THE MEMBER'S ABILITY TO REGAIN MAXIMUM FUNCTION |

Prescriber's Signature: _____ Date: _____

Fax back to: 866-464-0709 For info call: 877-813-5595
For additional Prior Authorization forms, go to <http://www.bravohealth.com/providers.aspx>