



Instructions

- The prescriber should only complete this form.
Please fax completed form to: 866-213-6066.
To speak to an SXC customer service representative, please call: 1-800-OHIOBWC.

Injured worker information

Form with fields: Request date, BWC claim number, Injured worker name, Injured worker date of injury

Prescriber information

Form with fields: Prescriber, Prescriber NPI, Prescriber phone, Prescriber fax number

Non-preferred medication(s) requested and conditions being treated (Required)

Table with 3 columns: Medication name, ICD-9 code(s), ICD-9 code description(s). Rows 1 and 2.

1. Analgesics: Short acting Opioids (Please complete and check the Other box.)

- Patient has pain related to cancer, and cancer is an allowed condition in the claim, or
Patient meets the criteria for using prescription drugs for the treatment of intractable pain in accordance with Ohio State Medical Board Administrative Rules (Chapter 4731-21 of the Ohio Administrative Code), and
Patient has received clinical benefit from the current/past use of preferred short-acting opioid analgesic(s)
Indicate previously prescribed opioid analgesic(s):
Other (attach additional information, if necessary):

2. Skeletal muscle relaxants (Please check all boxes that apply in this claim.)

- Patient has previously failed an adequate trial with at least two different preferred skeletal muscle relaxants.
Indicate previously prescribed muscle relaxants:

3. Analgesics: Nsaids and Cox-IIs (Please check all boxes that apply in this claim.)

- History of peptic ulcer disease, History of Nsaid-related ulcer, Presence of a hereditary or acquired coagulation defect, Chronic major organ impairment, History of clinically significant gastrointestinal bleeding, Age 60 years of age or older, Patient has previously failed an adequate trial with at least two different preferred Nsaids, Indicate previously prescribed Nsaids: Concurrent therapy with drugs likely to increase risk of GI bleeding, List drugs:

Form with fields: Prescriber signature (required), Signature date