**Injured worker information**

- Request date
- BWC claim number
- Injured worker name
- Injured worker date of injury

**Prescriber information**

- Prescriber
- Prescriber NPI
- Prescriber phone
- Prescriber fax number

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

<table>
<thead>
<tr>
<th>Medication name</th>
<th>ICD-9 code(s)</th>
<th>ICD-9 code description(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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</table>

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
   - ☐ Presence of a hereditary or acquired coagulation defect
   - ☐ History of clinically significant gastrointestinal bleeding
   - ☐ 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: ___________________________________________________________________________________________

**Prescriber signature (required)**

Signature date