

Trans-Dermal Compound Prescription Request

Patient Name: _____ Date: _____ DOB: _____ Allergies: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____ Cell: _____
 Physician Name: _____ Physician Contact Info: _____

All compounds listed here are compounded by EPC/Kohll's Pharmacy & Homecare for your patient's individual needs.

Please select one from category A, B and C. Should the A or B therapy not be approved under patient's insurance, the category C option will be dispensed.

I am, as the prescriber, giving my consent for EPC/Kohll's Pharmacy to dispense either option in a quantity as outlined below or as dictated by insurance limits and/or patient request.

Combination Creams (A)

_____ A 1. Flurbiprofen 10%, Cyclobenzaprine HCl 2%, Gabapentin 6%, Lidocaine 2%, Prilocaine HCl 2% (TEMP 0040)

Anti-Inflammatory Creams (A)

_____ A 6. Flurbiprofen 10%, Cyclobenzaprine HCl 2%, Lidocaine 2%, Prilocaine HCl 2% (TEMP 0041)

Neuropathic Pain Creams (A)

_____ A 2. ******Gabapentin 15%, Ketamine HCl 5%, Lidocaine 2%, Prilocaine HCl 2% (TEMP 0045)
 _____ A 3. ******Ketamine HCl 10%, Amitriptyline HCl 2%, Gabapentin 6%, Lidocaine 2%, Prilocaine HCl 2% (TEMP 0042)
 _____ A 4. ******Ketamine HCl 10%, Nifedipine 2%, Gabapentin 6%, Lidocaine 2%, Prilocaine HCl 2% (TEMP 0160)

Alternative Therapies: (B)

_____ B 1. Meloxicam 0.09%, Lamotrigine 2.5%, Lidocaine 2%, Prilocaine 2% (TEMP 1315)
 _____ B 2. Meloxicam 0.09%, Lidocaine 2%, Prilocaine 2% (TEMP 0052)

Alternate Options (C)

_____ C 1. Ketoprofen 10%/Lidocaine 2.5%/Prilocaine HCl 2.5% (Rx TEMP 0050)
 _____ C 2. ******Ketamine 10%/Ketoprofen 10%/Lidocaine 2.5%/Prilocaine HCl 2.5% (Rx TEMP 1086)
 _____ C 3. ******Ketamine HCL/Lidocaine/Prilocaine HCL (IN LIPOVAN) 10%/2.5%/2.5% (Rx TEMP 2109)
 _____ C 4. ******Ketamine HCL/Ketoprofen (ACTIVEMAX) 10%/10% (Rx TEMP 1649)
 _____ C 5. ******Ketamine HCL (IN LIPODERM) 10% (Rx TEMP 0146)

***All prescriptions written containing a CII-V item must be manually re-written by the prescriber below to comply with Federal Regulations. **CII prescriptions may not be faxed.*

****Re-written Rx MANDATORY for Ketamine Prescriptions:** Date: _____

Drug Name & Strength: _____ Directions/SIG: _____

Quantity: _____ Refills: 1 2 3 4 5 (CII Rx's may not contain refills) Prescriber DEA Number: _____

Prescriber Full Name: _____ Prescriber Signature: _____

Prescriber Full Address: _____

✓ Directions: These directions pertain to all of the compounds listed above.

Apply 2 grams topically 3 to 4 times daily for treatment of pain (SIG CODE A2GQID) (Upper Extremity)

Apply up to 4 grams topically 3 to 4 times daily for treatment of pain (SIG CODE A4GQID) (Lower Extremity)

OTHER: _____

Quantity: 240 GM _____ 480GM _____ Other _____ Number of Refills: 0 1 2 3 4 5 : PRN

Diagnosis _____

Prescriber's Signature: _____ Date _____

• Kohll's utilizes LipoDerm Active Max (Tm) as our base which is registered trademark of PCCA (Professional Compounding Centers of America). (PCCARX.com)
 • In category A we are utilizing API (Active Pharmaceutical Ingredients) or bulk chemicals as the main source of active ingredients. In category B we are utilizing commercially available manufactured products as our source of active ingredient.
 • Version 03.17.16

Your health care provider has determined that you have the opportunity to benefit from a transdermal pain compound.

- Your provider will fax in your prescription.
- You will be receiving a call within 24 hours from the compounding pharmacy. Please keep in mind the phone call will be coming from a (402) area code, since the pharmacy is located in Omaha, Nebraska. They cannot send your medication until speaking directly with you, the patient.
- Once the pharmacy has spoken with you and verified benefits with insurance, your medication will arrive within 2-3 business days.
- If you have any additional questions, you may contact the compounding pharmacy at 402.408.0015 or toll free 888. 733.0300.

Transdermal Pain Cream Patient Instructions

Your Doctor has recommended and prescribed a compounded medication that will be made to treat your specific needs. Every prescription from EPC is mixed specifically for you based on your condition and what your doctor has requested. If you have any questions that are not addressed on this information sheet, please call the pharmacy and not your doctor.

THE PROCESS

- The pharmacy will receive the prescription from your doctor, and enter the information into the computer system.
- A representative from the pharmacy will attempt to contact you or your insurance provider to verify your coverage. Any difficulties in confirming this information will delay the prescription being mailed out. If you do receive a phone call, please call back as soon as possible.
- Once this Information is confirmed, your prescription will be shipped out and will arrive at your address in 2-3 business days.
- Should you have questions or are in need of a refill:
You can reach EPC at 402.408.0015 or toll free 888.733.0300, Monday-Friday, 8:00am - 6:00pm central time.
- When you receive the cream it is important that you use your medication as directed by your doctor.

INSTRUCTIONS FOR USE

To experience the maximum benefits from your prescription, follow the instructions below:

1. Before each application clean and dry the affected area (after a bath or shower is an optimal time).
2. Do not apply the cream to open wounds.
3. The person applying the cream should wash their hands before and after each application (unless you are treating your hands).
4. Apply 2-4 pumps (or as directed) of cream to affected area 3-4 times daily and rub in the cream for approximately 2-4 minutes to allow for maximum penetration.
5. Do not wash the area where cream was applied for at least 1 (one) hour.
6. Do not cover the area with an occlusive bandage such as plastic wrap.
7. Store at room temperature with the plug/stopper always inserted into the pump.

CAUTION: AVOID CONTACT WITH EYES AND/OR MOUTH. CREAM IS NOT TO BE INGESTED.

You can reach EPC at 402.408.0015 or toll free 888.733.0300, Monday-Friday, 8:00am - 6:00pm central time.

Patient's Copy - Please keep these instructions for using your prescription.