

Revised: 10/2016

SKELETAL MUSCLE RELAXANTS Prior Authorization Request									
Carisoprodol, Chlorzoxazone, Cyclobenzaprine, Methocarbamol, and Orphenadrine									
 Standard Request (72 hours) Expedited Request (24 hours) If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can request an expedited decision. For expedited requests you will receive a decision within 24 hours. You cannot request an expedited coverage determination if you are requesting reimbursement for a drug you already received. 									
Demographics									
Patient Information					Prescriber Information				
Patient Name:				Prescriber Name:					
DOB:			Age:		NPI#:		Specialty:		
Health Plan ID#:					Phone:		Fax:		
Pharmacy Name: Pharm		macy Phone:		Office Contact:		Direct Phone # or Ext:			
Medication Information									
Drug and Strength Requested:					Directions:				
carisoprodolmgchlorzoxazonemgcyclobenzaprinemgmethocarbamolmgorphenadrinemg									
Quantity Dispensed:				Day Supply:		 Generic Brand Necessary 			
Generic equivalent drugs will be substituted for Brand name drugs unless you specifically indicate otherwise.									
					continuation of therapy, please provide CHART DOCUMENTATION g the member showed improvement while on therapy.				
Clinical Information									
Criteria applies to member age 65 years or older. For member less than 65 years, criteria does not apply.									
Diagnosis:						Date Diagno	Date Diagnosed:		
Please provide an attestation from the prescriber in the space below assessing the risks and benefits of therapy and desire to prescribe a muscle relaxant.									
Please provide	any ado	litional	inf <u>or</u> n	nation w	hich sh <u>ould be</u>	e consider <u>ed</u>	in the	e space below:	
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www.medstarprovidernetwork.org/ms_pharm_prior_authorization_forms.html

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