

FAX TO: 1-800-459-2135

HEALTH INFORMATION DESIGNS, INC.
P.O. BOX 320506
Flowood, MS 39232
Phone: (800) 355-0486

CARISOPRODOL
(Includes combination formulations)
PRIOR AUTHORIZATION REQUEST FORM

BENEFICIARY INFORMATION

Beneficiary's Name: _____ Beneficiary's Medicaid #: _____

DOB: _____ City: _____
Month Day 4 Digit Year

PRESCRIBER INFORMATION

Prescribing Physician: _____

City: _____ State: _____

NPI #: _____

Medicaid ID #: _____

Phone #: _____

Fax #: _____

I hereby certify that I am the ordering physician/nurse practitioner/physician assistant identified in this form and I deem the prescribed medication to be necessary for the patient listed. I understand that any falsification, omission or concealment of material fact may subject me to civil penalties, fines or criminal prosecution.

Physician's Signature and date

PHARMACY INFORMATION

Dispensing Pharmacy: _____

City: _____ State: _____

Provider ID# _____

Phone #: _____

Fax #: _____

DRUG/CLINICAL INFORMATION

Is patient being treated for an **ACUTE** musculoskeletal condition? ___Yes ___No (If no, see Chronic Use section below)

Has therapy with a preferred skeletal muscle relaxant (cyclobenzaprine) been attempted? ___Yes ___No

Has the beneficiary experienced intolerable side effects on the preferred product(s)? ___Yes*** ___No
If yes, list the side effects: _____

Prior authorization approval will be limited to a quantity of 84, reflecting the maximum recommended use of 1 tablet TID and HS for 21 days. Approval will also be limited to 1 prescription every 6 months.

Chronic Use

Carisoprodol is labeled for acute use of up to 2 to 3 weeks. Due to potential dependence, upon discontinuation of high doses of carisoprodol, patients may suffer withdrawal symptoms. As a result, the following taper schedule is suggested to assist prescribers in managing the discontinuation of carisoprodol over 9 days (the full tapering schedule can be found at http://www.medicaid.state.ms.us/Pharmacy_Services/Carisoprodol_Tapering.pdf):

350 mg TID for 3 days,
then 350 mg BID for 3 days,
then 350 mg QD for 3 days

For patients who have been taking carisoprodol on a chronic basis, a one-time quantity of 18 will be allowed for tapering.

Do you wish to request authorization of a quantity of 18 tablets for tapering this beneficiary? ___Yes ___No

***Supporting documentation must be available in the patient record.

FOR HID USE ONLY

Eligibility Verified by _____
Approved _____ Denied/Code: _____
From Date _____ Thru Date _____
Reviewed by _____
HID# _____ PA# _____

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