

Iowa Department of Human Services

MUSCLE RELAXANTS

FAX Completed Form To 1 (800) 574-2515 **Request for Prior Authorization**

Provider Help Desk 1 (877) 776-1567

(PLEASE PRINT - ACCURACY IS IMPORTANT)

IA Medicaid Member ID #	Patient name		DOB	
Patient address				
Provider NPI	Prescriber name	9		Phone
Prescriber address			Fax	
Pharmacy name	Address		Phone	
Prescriber must complete all information above. It must be legible, correct, and complete or for				orm will be returned.
Pharmacy NPI	Pharmacy fax		NDC 	
carisoprodol will be approved for a maxim coverage are met. *If a non-preferred long	res with at least three preferred muscle relaxants. Requests for 180 days at a maximum dose of 4 tablets per day when the criteria for requested, one trial must include the preferred immediate release product of provided that use of these products would be medically contraindicated. Non-Preferred			
	Dosage Instructions	Carisoprodo	ol/ASA/Codei prine ER Capa prine ER*	os*
Diagnosis:Preferred Trial 1: Drug Name				
Trial date from: Trial date to:			osage Instruct	tions
	ar date to			
Preferred Trial 2: Drug Name			Dosage Instructions	
Trial date from: Tri	al date to:			
Specify failure:				
Preferred Trial 3: Drug Name		StrengthD	osage Instruct	tions
Trial date from: Tri	al date to:			
Specify failure:				
Reason for use of Non-Preferred drug requiring prior approval:				
Other medical conditions to consider:	ation as necessary.			
Prescriber Signature: *MUST MATCH PRESCRIBER LISTED AB	OVE	Date	of Submissio	on:

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.