

SKELETAL MUSCLE RELAXANTS
PRIOR AUTHORIZATION FORM

To review the prior authorization guidelines for these agents, refer to the Medical Assistance Prior Authorization of Pharmaceutical Services Handbook Chapter – Skeletal Muscle Relaxants at: <http://www.dpw.state.pa.us/publications/bulletinsearch/index.htm>.
These agents are also subject to quantity limits – if the requested quantity exceeds the limit, please submit supporting chart documentation (list of limits accessible at: <http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/pharmacyservices/quantitylimitslist/index.htm>).

PRIOR AUTHORIZATION REQUEST INFORMATION

New Renewal Additional Information

For Additional Information: Coordinator Name: _____ PA#: _____

Number of Pages in this Request: _____ Office Contact Name: _____ & Phone: (____) _____

RECIPIENT INFORMATION

Name: _____ Recipient ID#: _____ Date of Birth: _____

PRESCRIBER INFORMATION

Prescriber Name: _____ Specialty: _____

NPI#: _____ OR MA Provider ID#: _____ State License#: _____

Prescriber Address: _____ Suite #: _____

City/State/Zip: _____ Phone: (____) _____ Fax: (____) _____

MEDICAL INFORMATION

Non-Preferred Agents:

- Amrix carisoprodol carisoprodol compound chlorzoxazone cyclobenzaprine ER Dantrium
 Fexmid metaxolone orphenadrine ER orphenadrine compound Robaxin Skelaxin Soma
 tizanidine capsule Zanaflex capsule Zanaflex tablet

Strength: _____ **Directions:** _____ **Quantity:** _____ **Refills:** _____

Diagnosis: _____ **Diagnosis Code:** _____ (required)

1. Has the Recipient tried and failed any of the preferred Skeletal Muscle Relaxants?

Yes – check all that apply & submit documentation No

- baclofen tablet
- cyclobenzaprine tablet
- dantrolene capsule
- methocarbamol tablet
- tizanidine tablet

2. Does the Recipient have contraindications or intolerances to any of the preferred agents listed in question (1)?

Yes – submit documentation No

PLEASE SEND COMPLETED FORM WITH CLINICAL INFORMATION TO DPW – PHARMACY DIVISION

Prescriber Signature: _____ **Date:** _____