coordinated care

Musculoskeletal Therapy Agents– Carisoprodol

Please fax this completed form to (833) 645-2734 OR mail to: Centene Pharmacy Services | 5 River Park Place East, Suite 210 | Fresno, CA 93720. You can also complete online at CoverMyMeds.com.

Date of request:	Reference #:	MAS:	
Patient	Date of birth	ProviderOne ID or Coordinated Care ID	
Pharmacy name	Pharmacy NPI	Telephone number	Fax number
Prescriber	Prescriber NPI	Telephone number	Fax number
Medication and strength	Directions for use	Qty/Days supply	

1. Is this request for a continuation of existing therapy? ☐ Yes ☐ No
   a. If yes, has the patient received carisoprodol in the last 90 days? ☐ Yes ☐ No

2. Will the patient be tapering off carisoprodol? ☐ Yes ☐ No
   a. If yes, what is the reason they will be tapering off carisoprodol?
      - ☐ Concurrently taking carisoprodol with an opioid and/or benzodiazepine
      - ☐ History of long-term use of carisoprodol
      - ☐ Daily dose of carisoprodol exceeds 1400 mg/day
      - ☐ None of the above

3. Provide a detailed description of the patients taper schedule. (Taper must be completed within 21 days)

4. Indicate patient's diagnosis:
   - ☐ Acute, painful musculoskeletal conditions
   - ☐ Other. Specify: _____

5. Does the patient have a history of failure, contraindication, or intolerance to any of the following preferred agents? (Check all that apply)
   - ☐ Baclofen
   - ☐ Cyclobenzaprine
   - ☐ Metaxalone
   - ☐ Methocarbamol
   - ☐ **Adults:** Tizanidine
   - ☐ Other. Specify: _____

6. Will the patient be using any of the following medications concurrently? (Check all that apply)
   - ☐ Benzodiazepines
   - ☐ Opioids
   - ☐ Other muscle relaxants
   - ☐ None of the above

CHART NOTES ARE REQUIRED WITH THIS REQUEST

Prescriber signature	Prescriber specialty	Date

Centene Pharmacy Services will respond via fax or phone within 24 hours of receipt of the request. Requests for prior authorization must include member name, ID#, and drug name. Please include lab reports with requests when appropriate (e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC, etc.)