

**PRIOR AUTHORIZATION REQUEST FORM
CARISOPRODOL FOR HEALTHY U**

For authorization, please answer each question and fax this form PLUS chart notes back to the U of U Health Plans Prior Authorization Department at 888-509-8142. Failure to submit clinical documentation to support this request will result in delay and/or denial of the request.

If you have prior authorization questions, please call for assistance: Healthy U: 855-856-5694

Date:	Member Name:	ID#:
DOB:	Gender:	Physician:
Office Phone:	Office Fax:	Office Contact:

Height/Weight:

Member must try formulary preferred drugs before a request for a non-preferred drug may be considered. If treatment with preferred products has not been successful, you must submit which preferred products have been tried, dates of treatment, and reason for failure. Reasons for failure must meet the Health Plan medical necessity criteria.

Product being requested: carisoprodol, carisoprodol/aspirin, carisoprodol/aspirin/codeine

Dosing/Frequency: _____

If the request is for reauthorization, proceed to reauthorization section.

Questions	Yes	No	Comments/Notes
1. Does the member have a history of substance abuse in the last 365 days?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is the member 16 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Has the member had carisoprodol-containing agents prescribed by more than 2 prescribers in the last 90 days?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Has the member had a trial and failure of, contraindication/intolerance to, at least 3 preferred muscle relaxants (baclofen, cyclobenzaprine, tizanidine, metaxolone, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	Please provide documentation
5. Will the member be taking carisoprodol in combination with an opioid or benzodiazepine?	<input type="checkbox"/>	<input type="checkbox"/>	

What medications and/or treatment modalities have been tried in the past for this condition? Please document name of treatment, reason for failure, treatment dates, etc.

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Additional information:

Physician Signature:

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Policy PHARM- 096
Origination Date: 06/18/2020
Reviewed/Revised Date: 08/18/2021
Next Review Date: 08/18/2022
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