## MHS PHARMACY BENEFIT SOMA AND COMBINATIONS PRIOR AUTHORIZATION REQUEST FORM

## MHS 550 N. Meridian St. Suite 101 Indianapolis, IN, 46204-1208 Phone: (877) 647-4848 Fax: (866) 399-0929



Today's Date / / / / / / / / / / / / / / / / / / /				
<b>Note:</b> This form must be completed by the prescribing provider.				
**All sections must be completed or the request will be returned**				
Patient's Medicaid #		Date of Birth / / /		
Patient's Name		Prescriber's Name		
Prescriber's IN License #		Specialty		
Prescriber's NPI#		Prescriber's Signature		
Return Fax #		Return Phone #		
Check box if requesting retroactive PA		Date(s) of service requested for retroactive eligibility (if applicable):		
Note: Submit PA requests for retroactive claims (dates of service prior to eligibility determination, but within established eligibility timelines) with dates of service prior to 30 calendar days of submission separately from current PA requests (dates of service 30 calendar days or less and going forward).				
Requested Medication	Quantity			
	Quantity		Dosage Regimen	
·	Quantity		Dosage Regimen	
	•	l; 8 ta		
	•	l; 8 ta		
	er day of carisoprodol	l; 8 ta		
*Note: Dose may not exceed 4 tablets p	er day of carisoprodol		blets per day of combination products.	
*Note: Dose may not exceed 4 tablets p	er day of carisoprodol ARISOPRODOL) letal condition diagnos	sed w	blets per day of combination products.	
*Note: Dose may not exceed 4 tablets p  PA Requirements for SOMA (CA  Member has an ACUTE musculoske  Member is currently utilizing meproba	ARISOPRODOL)  letal condition diagnos  amate or has a history	sed w	blets per day of combination products.	
*Note: Dose may not exceed 4 tablets p  PA Requirements for SOMA (CA  Member has an ACUTE musculoske  Member is currently utilizing meprobation of the company of the compa	ARISOPRODOL)  letal condition diagnosemate or has a history	sed w	blets per day of combination products.  within the past 6 months  Yes  No eprobomate use in the last 90 days	
*Note: Dose may not exceed 4 tablets p  PA Requirements for SOMA (Company)  Member has an ACUTE musculosked  Member is currently utilizing meprobated by the solution of the s	ARISOPRODOL)  letal condition diagnos  amate or has a history  nerapy  Yes  azepine therapy  east 1 preferred agent	sed w y of m No Yes	blets per day of combination products.  within the past 6 months  Yes  No eprobomate use in the last 90 days  No e past 30 days	
*Note: Dose may not exceed 4 tablets p  PA Requirements for SOMA (CA  Member has an ACUTE musculoske  Member is currently utilizing meprobate  Yes No  Member is currently utilizing opioid the  Member is currently utilizing benzodia  Please choose one of the following:  Member has a history of at lease	ARISOPRODOL)  letal condition diagnost amate or has a history therapy   azepine therapy   east 1 preferred agent estory of intolerance to story of int	sed w y of m No Yes in the	blets per day of combination products.  Fithin the past 6 months  Yes  No  Reprobomate use in the last 90 days  Perferred agents	

01.01.23

PA Requirements for SOMA COMPOUND/CODEINE (CARISOPRODOL/ASPIRIN/CODEINE)
Please provide medical rationale for use:

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