

## Amrix<sup>®</sup> & Fexmid<sup>®</sup> (cyclobenzaprine) Prior Authorization Request Form DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			<b>Provider Information</b> (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:	I	I	City:	State:	Zip:
Medication Information (required)					
Medication Name:			Strength:		Dosage Form:
Check if requesting brand			Directions for Use:		
Check if request is for continuation of therapy					
Clinical Information (required)					
Select the diagnosis below:					
Adjunct to rest and physical therapy for relief of muscle spasm associated with acute, painful musculoskeletal					
conditions					
Other diagnosis:			ICD-10 Code(s):		
Medication history:					
Has the patient had at least a 60 day trial and failure of cyclobenzaprine 5 mg tablets <b>OR</b> cyclobenzaprine 10					
mg tablets within the past 120 days?					
Quantity limit requests: What is the quantity requested per DAY?					
What is the reason for exceeding the plan limitations?					
Titration or loading dose purposes					
Patient is on a dose-alternating schedule (e.g., one tablet in the morning and two tablets at night, one to two					
tablets at bedtime)					
<ul> <li>Requested strength/dose is not commercially available</li> <li>Other:</li></ul>					
Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?					

Please note:

This request may be denied unless all required information is received.

For urgent or expedited requests please call 1-855-401-4262.

This form may be used for non-urgent requests and faxed to 1-844-403-1029.

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.** Office use only: Amrix-Fexmid-cyclobenzaprine\_SouthDakotaMedicaid\_2017May