



MEDICAID / CHIP
PHARMACY PRIOR AUTHORIZATION REQUEST FORM

Skeletal Muscle Relaxants

Phone: 866-841-7659

Fax back to: 866-240-3712

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL DELAY the review process.

Member Name:	Prescriber Name:	
Member ID Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Member Phone Number:	NPI:	PA PROMISe ID:
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Line of Business: <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP	Specialty Pharmacy (if applicable):	
Drug Name:	Strength:	
Quantity:	Refills:	
Directions:		
Diagnosis Code:	Diagnosis:	

Jefferson Health Plans' maximum approval time is 12 months but may be less depending on the criteria..

Please attach any pertinent medical history including labs and information for this member that may support approval.

Please answer the following questions and sign.

Q1. For a non-preferred Skeletal Muscle Relaxant, has a history of therapeutic failure, of or a contraindication, or an intolerance to the preferred Skeletal Muscle Relaxants approved or medically accepted for the beneficiary's diagnosis.

Yes

No

NA

Q2. For a Skeletal Muscle Relaxant that is a controlled substance for a beneficiary with a concurrent prescription for a buprenorphine agent indicated for the treatment of opioid use disorder, select all that apply:

Is prescribed the buprenorphine agent and the Skeletal Muscle Relaxant by the same prescriber or, if prescribed by different prescribers, all prescribers are aware of the other prescription(s)

Has an acute need for therapy with the Skeletal Muscle Relaxant

Not applicable

Q3. If a prescription for a Skeletal Muscle Relaxant is for a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account Health Partners Plans quantity limit guidelines. Does the prescription exceed quantity limits?

Yes

No

NA



MEDICAID / CHIP
PHARMACY PRIOR AUTHORIZATION REQUEST FORM

Skeletal Muscle Relaxants

Phone: 866-841-7659

Fax back to: 866-240-3712

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL DELAY the review process.

Member Name:	Prescriber Name:
--------------	------------------

Q4. Additional Information:

Prescriber Signature

Date

v2026-06