

SKELETAL MUSCLE RELAXANTS PA SUMMARY

PREFERRED	Carisoprodol 350mg (generic), Chlorzoxazone 500mg tablets, Cyclobenzaprine tablets (5mg, 10mg), Dantrolene sodium (generic capsules), Tizanidine tablets
NON-PREFERRED	Amrix, Generic Cyclobenzaprine extended-release capsules (15mg, 30mg), Dantrium (PA not required), Fexmid, Lorzone, Metaxalone (generic), Skelaxin (brand – PA not required), Carisoprodol 250mg (generic), Soma 250mg (brand – PA not required), Tizanidine capsules (generic), Zanaflex capsules

LENGTH OF AUTHORIZATION: 1 Month

NOTE: If generic cyclobenzaprine extended-release capsules are approved, the PA will be entered for the brand-name product, Amrix.

PA CRITERIA:

For Amrix, Generic Cyclobenzaprine ER Capsules, and Fexmid

- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred product, generic cyclobenzaprine immediate-release tablets, is not appropriate for the member.

For Generic Carisoprodol 250mg

- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred product, generic carisoprodol 350mg or brand name Soma 250mg, is not appropriate for the member.

For Lorzone

- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred product, generic chlorzoxazone 500mg tablets [which are scored and can be used for 250mg, 500mg, or 750mg dosing], is not appropriate for the member.

For Metaxalone

- ❖ Submit a written letter of medical necessity stating the reason(s) the non-preferred product which does not require PA, brand-name Skelaxin, is not appropriate for the member.

For Tizanidine capsules and Zanaflex capsules

- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred product, generic tizandine tablets, is not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827.**

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.