

AMRIX PA SUMMARY

PREFERRED	Cyclobenzaprine tablets (5mg, 10mg)
NON-PREFERRED	Amrix, Generic Cyclobenzaprine extended-release capsules (15mg, 30mg)

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:

- ❖ 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.

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.