



**GEORGIA MEDICAID FEE-FOR-SERVICE  
SKELETAL MUSCLE RELAXANTS PA SUMMARY**

Preferred	Non-Preferred
Baclofen 10 mg, 20 mg tablets generic Carisoprodol 350 mg generic Chlorzoxazone generic Cyclobenzaprine 5 mg, 10 mg tablets generic Dantrolene generic Methocarbamol 500 mg, 750 mg generic Orphenadrine extended-release generic Orphenadrine/aspirin/caffeine generic Tizanidine tablets generic	Amrix (cyclobenzaprine extended-release capsules) Baclofen oral solution, oral suspension generic Carisoprodol 250 mg generic Cyclobenzaprine 7.5 mg tablets generic Metaxalone generic* Norgesic and Norgesic Forte (orphenadrine/aspirin/caffeine) Tizanidine capsules generic

\*non-preferred but does not require PA

**LENGTH OF AUTHORIZATION:** 1 month

**NOTE:**

- ❖ Metaxalone is non-preferred but does not require prior authorization.

**PA CRITERIA:**

*Amrix and Cyclobenzaprine 7.5 mg Generic*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic cyclobenzaprine immediate-release 5 mg and 10 mg tablets, are not appropriate for the member.

*Baclofen Oral Solution Generic and Baclofen Oral Suspension Generic*

- ❖ Approvable for members 12 years of age or older with a diagnosis of spinal cord disease or injury or with a diagnosis of spasticity resulting from multiple sclerosis, cerebral palsy or other neurologic or dystonic disorder, particularly for the relief of flexor spasms and concomitant pain, clonus and muscular rigidity who are unable to swallow solid oral dosage formulations (i.e., capsules, tablets).

*Carisoprodol 250 mg Generic*

- ❖ Approvable for members that have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to two preferred products.

*Norgesic and Norgesic Forte*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic orphenadrine/aspirin/caffeine combination as well as generic orphenadrine, aspirin (OTC) and caffeine (OTC) as separate products, are not appropriate for the member.



Tizanidine Capsules Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic tizanidine 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 **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.