



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

Preferred	Non-Preferred
Baclofen generic Carisoprodol 350 mg generic Carisoprodol/aspirin generic Chlorzoxazone generic Cyclobenzaprine 5 mg, 10 mg generic Dantrolene sodium generic by Par (NDCs 49884-##-####) Methocarbamol generic Orphenadrine generic Tizanidine tablets generic	Amrix (cyclobenzaprine extended-release) Carisoprodol 250 mg generic Carisoprodol/aspirin/codeine generic Cyclobenzaprine 7.5 mg generic Lorzone (chlorzoxazone) Metaxalone generic – <i>PA not required</i> Tizanidine capsules generic Zanaflex capsules (tizanidine)

LENGTH OF AUTHORIZATION: 1 Month

NOTE:

- If generic tizanidine capsules are approved, the PA will be issued for the brand Zanaflex.

PA CRITERIA:

Amrix and Cyclobenzaprine 7.5 mg Generic

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

Carisoprodol 250 mg Generic

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

Carisoprodol/Aspirin/Codeine Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic carisoprodol/aspirin and generic codeine as separate products, are not appropriate for the member.

Lorzone

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic chlorzoxazone, is not appropriate for the member.

Tizanidine Capsules Generic and Zanaflex Capsules

- ❖ 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 current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.