



**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 sodium generic Methocarbamol generic Orphenadrine generic Orphenadrine/aspirin/caffeine generic Tizanidine tablets generic | Amrix (cyclobenzaprine extended-release capsules) Baclofen oral suspension generic Carisoprodol 250 mg generic Cyclobenzaprine 7.5 mg generic Lyvispah (baclofen oral granules) Metaxalone generic – <i>PA not required</i> Norgesic and Norgesic Forte (orphenadrine/aspirin/caffeine) 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 products, generic cyclobenzaprine immediate-release 5 mg and 10 mg tablets, are not appropriate for the member.

Baclofen Oral Suspension Generic and Lyvispah

- ❖ 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 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 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.