



SKELETAL MUSCLE RELAXANTS PA SUMMARY

Preferred	Non-Preferred
Baclofen generic	Amrix (cyclobenzaprine extended-release)
Carisoprodol 350mg generic	Carisoprodol 250mg generic
Carisoprodol/aspirin generic	Carisoprodol/aspirin/codeine generic
Chlorzoxazone generic	Cyclobenzaprine 7.5mg tablets generic
Cyclobenzaprine generic	Lorzone (chlorzoxazone)
Dantrolene sodium generic	Metaxalone generic – <i>PA not required</i>
Methocarbamol generic	Soma 250mg (carisoprodol) - <i>PA not required</i>
Orphenadrine generic	Tizanidine capsules generic
Tizanidine tablets 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:

For Amrix and Cyclobenzaprine 7.5mg Tablets generic

- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred product, generic cyclobenzaprine immediate-release 5mg, 10mg tablets, is not appropriate for the member.

For Carisoprodol 250mg generic

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

For Carisoprodol/Aspirin/Codeine generic

- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred products, generic carisoprodol/aspirin and generic codeine as separate products are 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 Tizanidine Capsules generic and Zanaflex Capsules

- ❖ Submit a written letter of medical necessity stating the reason(s) 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 **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.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 Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.