



Missouri Pharmacy Program – Preferred Drug List



Skeletal Muscle Relaxants

Effective 12/24/2008

Revised 04/05/2018

Preferred Agents

Available with Clinical Edits

- Baclofen Tablets
- Chlorzoxazone Tablets
- Cyclobenzaprine
- Methocarbamol Tablets
- Orphenadrine ER Tablets
- Tizanidine Tablets

Non-Preferred Agents

Available with Clinical Edits

- Amrix® ER Capsules
- Carisoprodol Tablets
- Cyclobenzaprine ER
- Dantrium® Capsules
- Dantrolene Capsules
- Fexmid® ER Capsules
- Lorzone®
- Metaxall®
- Metaxalone Tablets
- Orphenadrine Compound
- Parafon Forte DSC® Tablets
- Robaxin® Tablets
- Skelaxin® Tablets
- Soma® Tablets
- Soma-250® Tablets
- Tizanidine Capsules
- Zanaflex® Tablets/Capsules

Approval Criteria

- Duration of therapy limit – Agents for musculoskeletal conditions
 - 2 courses of therapy – 6 weeks maximum for each course annually
 - Agents for muscle spasticity exempt from therapy duration limitation
 - Baclofen
 - Tizanidine
 - Metaxalone
 - Dantrium
 - Dantrolene
 - Methocarbamol

- Failure to achieve desired therapeutic outcomes with trial on 5 or more preferred agents
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

Denial Criteria

- Therapy will be denied if no approval criteria are met
- Lack of adequate trial on required preferred agents
- Drug Prior Authorization Hotline: (800) 392-8030