## Skeletal Muscle Relaxants

*Effective 12/24/2008*
*Revised 04/07/2016*

### Preferred Agents

(Available with clinical edits)
- Baclofen
- Chlorzoxazone
- Cyclobenzaprine
- Methocarbamol
- Orphenadrine
- Orphenadrine Compound
- Orphenadrine ER
- TizanidineTabs

### Non-Preferred Agents

(Available with clinical edits)
- Amrix®
- Carisoprodol
- Carisoprodol Compound
- Cyclobenzaprine ER
- Dantrium®
- Dantrolene®
- Fexmid®
- Flexeril®
- Lioresal®
- Lorzone®
- **Metaxalone**
- Norflex®
- Norgesic Forte®
- Parafon Forte DSC®
- Robaxin®
- Skelaxin®
- Soma®
- Soma-250®
- Soma ® Compound
- Tizanidine Caps
- Zanaflex® Tabs/Caps
<table>
<thead>
<tr>
<th>Approval Criteria</th>
<th>Denial Criteria</th>
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<tbody>
<tr>
<td>Duration of therapy limit – Agents for musculoskeletal conditions</td>
<td>Therapies will be denied if no approval criteria are met</td>
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<tr>
<td>• 2 courses of therapy – 6 weeks maximum for each course annually</td>
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<tr>
<td>• Agents for muscle spasticity exempt from therapy duration limitation</td>
<td></td>
</tr>
<tr>
<td>o Baclofen</td>
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<td>o Tizanidine</td>
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<td>o Methocarbamol</td>
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<tr>
<td>Failure to achieve desired therapeutic outcomes with trial on 5 or more preferred agents</td>
<td>Lack of adequate trial on required preferred agents</td>
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<tr>
<td>• Documented trial period for preferred agents</td>
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<td>• Documented ADE/ADR to preferred agents</td>
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<tr>
<td>Documented compliance on current therapy regimen</td>
<td>Drug Prior Authorization Hotline: (800) 392-8030</td>
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