

**Skeletal Muscle Relaxants**  
**Effective 06/25/2018**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Exceptions</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

### Overview

Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

### Initial Step-Therapy Requirements:

**First-Line:** Medications listed on first-line are covered without prior-authorization.

**Second-Line:** Second-line medications will pay if the member has filled at least three different first-line medications or a second-line medication within the past 180 days.

### Coverage Guidelines

If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member has had a documented inadequate response, side effect, or allergy to at least three (3) different preferred generic skeletal muscle relaxants.

FIRST-LINE	SECOND-LINE
Generic skeletal muscle relaxants including: chlorzoxazone cyclobenzaprine (Flexeril) methocarbamol (Robaxin) orphenadrine citrate ER orphenadrine/ASA/Caffeine baclofen (Lioresal) dantrolene (Dantrium) tizanidine (Zanaflex) carisoprodol 350mg tablets (Soma)	carisoprodol/ASA (Soma Compound) carisoprodol/ASA/codeine (Soma Compound/codeine) metaxalone (Skelaxin®)

\* Please note: carisoprodol (Soma®) 250mg tablets, Lorzone® tablets, and Amrix® capsules are a plan exclusion

**Limitations**

1. Approvals will be granted for 12 months.

**References**

N/A

**Review History**

09/01/06 – Implemented

06/26/06 – Reviewed

06/18/07 – Reviewed

06/16/08 – Reviewed

06/15/09 – Updated

06/21/10 – Reviewed

06/27/11 – Reviewed

12/1/11 – Lorzone plan exclusion (11/21/11 drug file)

06/25/12 – Reviewed

06/24/13 – 4 trials

06/23/14 – Reviewed

06/22/15 – Reviewed

6/27/16 – Added carisoprodol to 1st step

06/26/17 – Reviewed

06/25/18 – Removed brand, added generic.

