

Skeletal Muscle Relaxants
Effective 01/01/2026

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange		Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit			<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A			
Contact Information	Medical Benefit Pharmacy Benefit		Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A			

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.

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) metaxalone 800 mg tablet	carisoprodol 250mg tablets (Soma) carisoprodol/ASA (Soma Compound) carisoprodol/ASA/codeine (Soma Compound/codeine)

* Please note: brand Soma® (carisoprodol), brand Lorzone® (chlorzoxazone) tablets, metaxalone 400 mg, and Amrix® (cyclobenzaprine) capsules are non-formulary.

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted for members when all the following criteria have been met:

1. Member meets ONE of the following:
 - a. Member has had an inadequate response, adverse reaction or contraindication to at least three first-line skeletal muscle relaxants
 - b. Member has had an inadequate response, adverse reaction or contraindication to at least one second-line skeletal muscle relaxant

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.

6/12/24 – Reviewed and updated for June P&T; Brands moved from excluded to non-formulary. Generic carisoprodol 250mg tablets moved from excluded to second-line agent list.

09/10/2025 – Reviewed and updated at September P&T. Moved metaxalone 800 mg tablet from a second-line to a first-line agent. Removed metaxalone 400 mg tablet from the policy, as agent is moving to nonformulary status. Added language for members who are new to the plan. Updated prior authorization criteria to align with the step therapy configuration. Effective 01/01/2026.

