



## Missouri Pharmacy Program – Preferred Drug List



### Skeletal Muscle Relaxants

*Effective 12/24/2008*

*Revised 07/02/2010*

#### Preferred Agents

*(Available with Clinical Edits)*

- Baclofen
- Dantrolene®
- Skelaxin®
- Chlorzoxazone
- Cyclobenzaprine
- Methocarbamol
- Tizanidine
- Orphenadrine
- Orphenadrine Compound

#### Non-Preferred Agents

*(Available with Clinical Edits)*

- Soma®
- Soma ® Compound
- Zanaflex® Tablets
- Zanaflex® Capsules
- Flexeril®
- Robaxin®
- Dantrium®
- Parafon Forte DSC®
- Fexmid®
- Amrix®
- Cyclobenzaprine Kit
- Norflex®
- Lioresal®
- **Carisoprodol**
- **Carisoprodol Cmpd**

<u>Approval Criteria</u>	<u>Denial Criteria</u>
<ul style="list-style-type: none"> <li>• Duration of therapy limit – Agents for musculoskeletal conditions               <ul style="list-style-type: none"> <li>○ 2 courses of therapy – 6 weeks maximum for each course annually</li> <li>○ Agents for muscle spasticity exempt from therapy duration limitation                   <ul style="list-style-type: none"> <li>▪ Baclofen</li> <li>▪ Tizanidine Capsules</li> <li>▪ Skelaxin</li> <li>▪ Dantrium</li> <li>▪ Dantrolene</li> <li>▪ <b>Methocarbamol</b></li> </ul> </li> </ul> </li> </ul>	Therapy will be denied if no approval criteria are met
Failure to achieve desired therapeutic outcomes with trial on 5 or more preferred agents <ul style="list-style-type: none"> <li>○ Documented trial period for preferred agents</li> <li>○ Documented ADE/ADR to preferred agents</li> </ul>	Lack of adequate trial on required preferred agents
Documented compliance on current therapy regimen	Drug Prior Authorization Hotline: (800) 392-8030