Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Skeletal Muscle Relaxants

This criteria was recommended for review by the Texas Medicaid Vendor Drug Program to ensure appropriate and safe utilization

Clinical Criteria Information Included in this Document

- **Drugs requiring prior authorization**: the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic**: a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram**: a visual depiction of the clinical criteria logic
- **Supporting tables**: a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References**: clinical publications and sources relevant to this clinical criteria

**Note**: Click the hyperlink to navigate directly to that section.

Revision Notes

Initial publication
Skeletal Muscle Relaxants

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

<table>
<thead>
<tr>
<th>Label Name</th>
<th>GCN</th>
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<tr>
<td>CHLORZOXAZONE 500 MG TABLET</td>
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<td>LORZONE 375 MG TABLET</td>
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<td>METAXALONE 400 MG TABLET</td>
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<td>METAXALONE 800 MG TABLET</td>
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<td>METHOCARBAMOL 500 MG TABLET</td>
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<td>ORPHENADRINE ER 100 MG TABLET</td>
<td>17670</td>
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<td>ROBAXIN 500 MG TABLET</td>
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<td>ROBAXIN-750 TABLET</td>
<td>17893</td>
</tr>
<tr>
<td>SKELAXIN 800 MG TABLET</td>
<td>91765</td>
</tr>
</tbody>
</table>
1. Is the client less than (<) 13 years of age?
   [ ] Yes (Deny)
   [ ] No (And request is for a metaxalone product, go to #4)
   [ ] No (And request is for chlorzoxazone, methocarbamol or orphenadrine, go to #2)

2. Is the client less than (<) 16 years of age?
   [ ] Yes (Deny)
   [ ] No (And request is for a methocarbamol product, go to #4)
   [ ] No (And request is for chlorzoxazone or orphenadrine, go to #3)

3. Is the client less than (<) 18 years of age?
   [ ] Yes (Deny)
   [ ] No (Go to #4)

4. Is the client greater than or equal to (≥) 65 years of age?
   [ ] Yes (Deny)
   [ ] No (Go to #5)

5. Does the client have greater than 60 days therapy in the last 90 days?
   [ ] Yes (Deny)
   [ ] No (Approve – 90 days)
Skeletal Muscle Relaxants

Clinical Criteria Logic Diagram

**Step 1**
Is the client < 13 years of age?
- Yes
- No, and the request is for chlorzoxazone, methocarbamol or orphenadrine

**Step 2**
Is the client < 16 years of age?
- Yes, and the request is for metaxalone
- No

**Step 3**
Is the client < 18 years of age?
- Yes
- No, and the request is for methocarbamol

**Step 4**
Is the client ≥ 65 years of age?
- Yes
- No

**Step 5**
Does the client have greater than 60 days therapy in the last 90 days?
- Yes
- No

*Approve Request (90 days)*

*Deny Request*
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Clinical Criteria References


Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the most current revision are also provided in the Revision Notes on the first page of this document.

<table>
<thead>
<tr>
<th>Publication Date</th>
<th>Notes</th>
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<tbody>
<tr>
<td>07/26/2019</td>
<td>Initial publication and presentation to the DUR Board</td>
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