

**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.

Drugs Requiring Prior Authorization	
Label Name	GCN
CHLORZOXAZONE 500 MG TABLET	17901
LORZONE 375 MG TABLET	30715
LORZONE 750 MG TABLET	30716
METAXALONE 400 MG TABLET	17920
METAXALONE 800 MG TABLET	97165
METHOCARBAMOL 500 MG TABLET	17892
METHOCARBAMOL 750 MG TABLET	17893
ORPHENADRINE ER 100 MG TABLET	17670
ROBAXIN 500 MG TABLET	17892
ROBAXIN-750 TABLET	17893
SKELAXIN 800 MG TABLET	91765



Skeletal Muscle Relaxants

Clinical Criteria Logic

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)

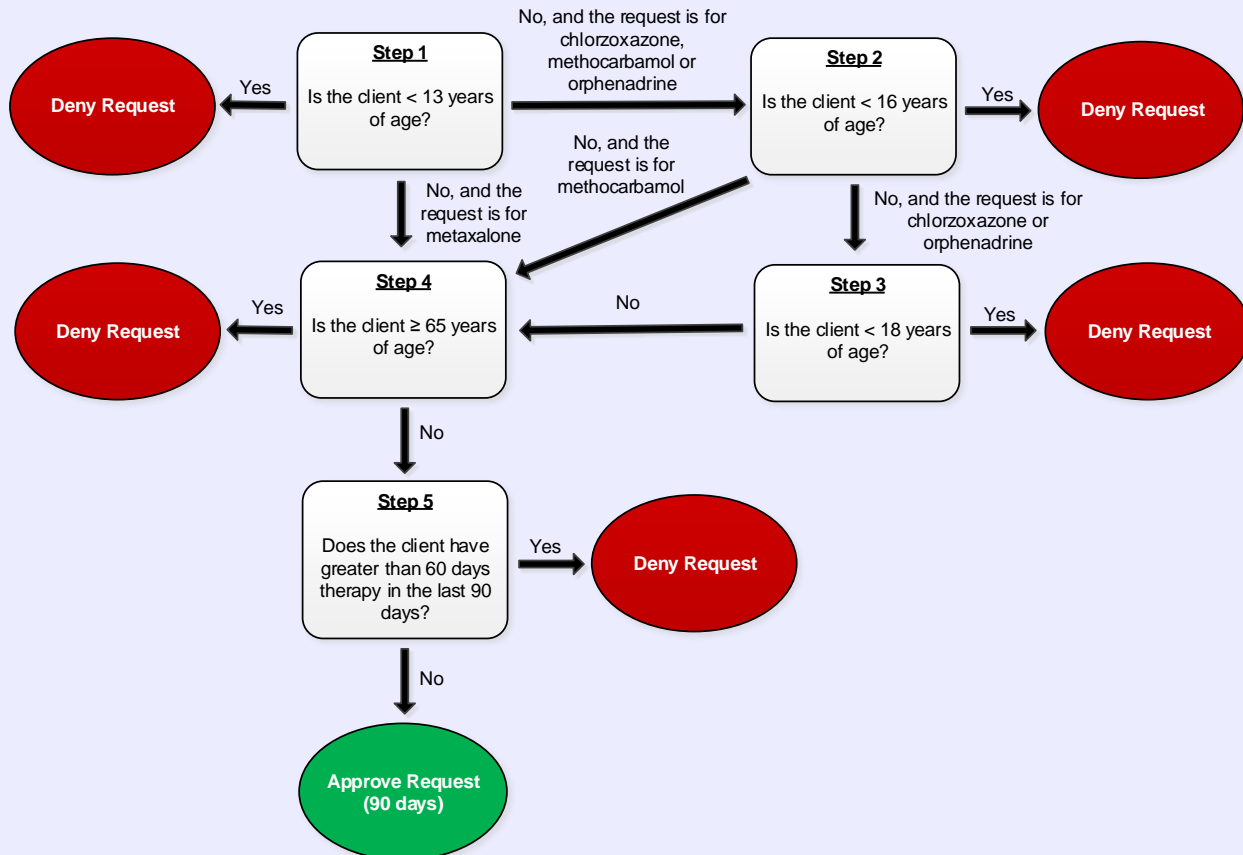
4. Is the client greater than or equal to (\geq) 65 years of age?
 - Yes (Deny)
 - No (Go to #5)

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





Skeletal Muscle Relaxants

Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2019. Available at www.clinicalpharmacology.com. Accessed on July 26, 2019.
2. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on July 26, 2019.
3. American Geriatrics Society 2019 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. American Geriatrics Society 2019 Beers Criteria Update Expert Panel. *Journal of the American Geriatrics Society* 2019;67(4):674-694.
4. Pharmacy Quality Alliance. Use of high-risk medications in the elderly (2017 update) (HRM-2017). Available at www.pqaalliance.org.
5. Qaseem A, Wilt TJ, McLean RM, et al. Noninvasive Treatments for Acute, Subacute and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. *Ann Intern Med* 2017;166(7):514-530.

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.

Publication Date	Notes
07/26/2019	Initial publication and presentation to the DUR Board