



Commercial/Healthcare Exchange PA Criteria

Effective: October 1, 2020

Prior Authorization: Chlorzoxazone

Products Affected: chlorzoxazone 250mg oral tablet, chlorzoxazone 375mg oral tablet, chlorzoxazone 750mg oral tablet

Medication Description: Chlorzoxazone is a centrally acting agent; acts on the spinal cord and subcortical areas of the brain to inhibit polysynaptic reflex arcs involved in causing and maintaining skeletal muscle spasms.

Covered Uses: Adjunct to rest, physical therapy, and other measures for the relief of discomfort associated with acute, painful musculoskeletal conditions.

Exclusion Criteria:

1. Hypersensitivity to chlorzoxazone

Required Medical Information:

1. Diagnosis
2. Previous therapies tried and failed

Age Restrictions: N/A

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

1. Patient has had a trial and failure, contraindication, or intolerance to at least TWO other muscle relaxants (e.g. baclofen 10mg, 20mg tablet, carisoprodol 350mg tablet, methocarbamol 500mg, 750mg tablets, or diazepam 2mg, 5mg, 10mg tablets).

References:

1. Chlorzoxazone [prescribing information]. Madisonville, LA: Solubiomix LLC; August 2017.

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	10/1/2020

Last Res. October 2020



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