



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: tizanidine

Brand Name: Zanaflex

Medication Class: centrally acting adrenergic agonist

FDA Approved Uses: Short acting drug for the use of spasticity. Because of the short acting duration, it is reserved for those times during the day when relief of spasticity is most important.

Usual Dose: 4 mg - 8 mg every 6-8 hours as needed, to a maximum of three doses in 24 hours, total daily dose not to exceed 36 mg.

Duration of Therapy: Indefinite

Criteria for Use: *(bullet points below are all inclusive unless otherwise noted)*

- Clinically diagnosed spasticity due to either neurologic conditions or muscular-neurological conditions such as Multiple Sclerosis or spinal cord injury.

Or

- Failed/intolerance to at least 3 FCHP preferred alternative products; muscle relaxants such as dantrolene, cyclobenzaprine, baclofen, orphenadrine, methocarbamol, diazepam, and chlorzoxazone.

Not approved if:

- Not clinically documented spasticity.

Or

- Back pain not due to a neurologic condition.

Or

- Patient has not tried 3 other preferred alternative products.

Or

- Patient is using medication for migraine headaches.



P&T Approval: _____ Date: _____