

## chlorzoxazone, oral (LORZONE, PARAFON DSC)

### Diagnosis Considered for Coverage:

- Treatment of painful musculoskeletal disorders

### Coverage Criteria:

For diagnosis listed above:

#### For patient less than 65 years old:

- Dose does not exceed FDA label maximum, **and**
- Inadequate response to TWO preferred muscle relaxants (e.g. cyclobenzaprine, carisoprodol, methocarbamol) OR Intolerance or contraindication to all preferred muscle relaxants not expected with chlorzoxazone.

#### For patient at least 65 years old:

- Dose does not exceed FDA label maximum, **and**
- Inadequate response to TWO preferred muscle relaxants (e.g. cyclobenzaprine, carisoprodol, methocarbamol) OR Intolerance or contraindication to all preferred muscle relaxants not expected with chlorzoxazone,

**AND**

#### DAE/HRM REVIEW:

- Prescribing or consulting physician is aware this medication can be potentially harmful or contraindicated in patients 65 years old or older and that the medication is appropriately prescribed for the member, **and**
- Prescribing or consulting physician has monitoring plan for adverse side effects, **and**
- Prescribing or consulting physician has an anticipated treatment duration, **and**
- Dose does not exceed FDA label maximum.

**Coverage Duration:** one year

Effective Date: 5/31/2023