

ALASKA MEDICAID

**Zanaflex Capsules® (tizanidine)**

Capsule: 2mg, 4mg & 6mg

**INDICATION:**

“Tizanidine is a short-acting drug for the management of spasticity. Because of the short duration of effect, treatment with tizanidine should be reserved for those daily activities and times when relief of spasticity is most important”<sup>1</sup>

**CRITERIA FOR APPROVAL:**

- No prior authorization is needed for Tizanidine 2mg and 4mg tablets.
- Prior authorization may be obtained for Zanaflex Capsules® if the recipient has been on a comparable dose of Tizanidine tablets for at least 5 days without an improvement in symptoms.

**CRITERIA CAUSING DENIAL:**

1. The recipient has not used a comparable dose of Tizanidine tablets for at least 5 days.
2. The recipient is using Tizanidine tablets concurrently with Zanaflex Capsules®.

**LENGTH OF AUTHORIZATION:**

1. Authorization may be granted for up to 6 months.

**REFERENCES / FOOTNOTES:**

<sup>1</sup> Zanaflex Capsules® and Zanaflex® Tablets package insert, available at:  
<[http://www.zanaflexcapsules.com/pdf/Zanaflex\\_Capsules\\_PI.pdf](http://www.zanaflexcapsules.com/pdf/Zanaflex_Capsules_PI.pdf)> Accessed 12/21/2010.