



**BlueCross
BlueShield**

Federal Employee Program.

CYCLOBENZAPRINE POWDER (cyclobenzaprine)

Pre - PA Allowance

None

Prior-Approval Requirements

Diagnosis

Muscle spasm associated with acute, painful musculoskeletal condition(s)

AND ALL of the following:

1. The immediate release requested **oral** dose does not exceed 10mg/unit
2. The extended release requested **oral** dose does not exceed 30mg/unit
3. The requested strength is not commercially available

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Same as above

Prior – Approval *Renewal* Limits

Same as above