



BlueCross
BlueShield

Federal Employee Program

TIZANIDINE POWDER (tizanidine)

Pre - PA Allowance

None

Prior-Approval Requirements

Diagnosis

Patient must have the following:

Spasticity

AND ALL of the following:

1. The requested **ORAL** dose does not exceed 6mg/unit
2. The requested strength is not commercially available
3. **NO** concurrent therapy with either ciprofloxacin or fluvoxamine

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Same as above

Prior – Approval *Renewal* Limits

Same as above