SmartPA Criteria Proposal

Drug/Drug Class:	Skeletal Muscle Relaxants PDL Edit
First Implementation Date:	December 24, 2008
Proposed Date:	December 16, 2021
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	☐Existing Criteria ☒Revision of Existing Criteria ☐New Criteria

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: Skeletal muscle relaxants are FDA approved to treat two different types of conditions: muscular pain or spasms from peripheral musculoskeletal conditions and spasticity from upper motor neuron syndromes. Both conditions affect patients' mobility and can affect independence in activities of daily living and work. Common musculoskeletal conditions include low back pain, neck pain, tension headaches, and myofascial pain syndrome. Spasticity is a major health concern in a number of disease entities such as spinal cord injury, multiple sclerosis, and stroke. Spasticity may also cause pain, loss of range of motion, contractures, sleep disorders and impair ambulation.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:

Preferred Agents	Non-Preferred Agents
• Baclofen • Chlorzoxazone 250, 500 mg • Cyclobenzaprine Tabs (gen Flexeril®) • Dantrolene • Methocarbamol • Orphenadrine ER • Tizanidine Tabs	• Amrix® • Carisoprodol • Carisoprodol/ASA • Carisoprodol/ASA/Codeine • Chlorzoxazone 375, 750 mg • Cyclobenzaprine 7.5 mg Tabs (gen Fexmid®) • Cyclobenzaprine ER • Dantrium® • Fexmid® • Lorzone® • Metaxalone • Norgesic Forte • Ozobax® • Skelaxin® • Soma® • Tizanidine Caps • Zanaflex®

Type of Criteria:	☐ **Increased risk of ADE**	☒ **Preferred Drug List**
	☒ **Appropriate Indications**	☐ **Clinical Edit**
Data Sources:	☐ **Only Administrative Databases**	☒ **Databases + Prescriber-Supplied**

Setting & Population

- Drug class for review: Skeletal Muscle Relaxants
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Failure to achieve desired therapeutic outcomes with a trial on 5 or more preferred agents
  - Documented trial period for preferred agents **OR**
  - Documented ADE/ADR to preferred agents
- **For Ozobax: Clinical Consultant Review for participants aged 10 years or older**

Denial Criteria

- Lack of adequate trial on required preferred agents
- Participant history exceeds 2 courses of therapy at a maximum duration of 6 weeks annually for each course.
  - Excluding agents for muscle spasticity: baclofen, dantrolene, metaxalone, methocarbamol, tizanidine
- Therapy will be denied if all approval criteria are not met

Required Documentation

Laboratory Results:		Progress Notes:	
MedWatch Form:		Other:	X

Disposition of Edit

Denial: Exception Code “0160” (Preferred Drug List Edit)
Rule Type: PDL

Default Approval Period

1 year

References

- Evidence-Based Medicine and Fiscal Analysis: “Skeletal Muscle Relaxants– Therapeutic Class Review”, Conduent Business Services, L.L.C., Richmond, VA; November 2021.
- Evidence-Based Medicine Analysis: “Skeletal Muscle Relaxants”, UMKC-DIC; September 2021.
- USPDI, Micromedex; 2021.
- Drug Facts and Comparisons On-line; 2021.