SmartPA Criteria Proposal

Drug/Drug Class:	Skeletal Muscle Relaxants PDL Edit
First Implementation Date:	December 24, 2008
Revised Date:	April 1, 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, 500mg • Cyclobenzaprine Tabs (gen Flexeril®) • Dantrolene • Methocarbamol • Orphenadrine ER • Tizanidine Tabs	• Amrix® • Carisoprodol • Carisoprodol/ASA • Carisoprodol/ASA/Codeine • Chlorzoxazone 375, 750mg • **Cyclobenzaprine 7.5mg Tabs (gen Fexmid®)** • Cyclobenzaprine ER • Dantrium® • Fexmid® • Lorzone® • Metaxalone • Norgesic Forte • Orphenadrine/ASA/Caffeine • Orphengesic Forte • Robaxin® • 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

- Duration of therapy limit for agents for musculoskeletal conditions
  - 2 courses of therapy – 6 weeks maximum for each course annually
  - Agents for muscle spasticity exempt from therapy duration limitation:
    - Baclofen
    - Dantrolene
    - Metaxalone
    - Methocarbamol
    - Tizanidine
- 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

Denial Criteria

- Lack of adequate trial on required preferred agents
- 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

1. Drug Effectiveness Review Project – Drug Class Review on “Skeletal Muscle Relaxants”. Center for Evidence-Based Policy, Oregon Health & Science University; April 2005; Evidence Scan, May 2014.
2. Evidence-Based Medicine and Fiscal Analysis: “Skeletal Muscle Relaxants– Therapeutic Class Review”, Conduent Business Services, L.L.C., Richmond, VA; November 2020.
3. Evidence-Based Medicine Analysis: “Skeletal Muscle Relaxants”, UMKC-DIC; October 2020.
4. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2019.
5. USPDI, Micromedex; 20120.
6. Drug Facts and Comparisons On-line; 2020.