



# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	Skeletal Muscle Relaxants PDL Edit
<b>First Implementation Date:</b>	December 24, 2008
<b>Revised Date:</b>	May 18, 2023
<b>Prepared For:</b>	MO HealthNet
<b>Prepared By:</b>	MO HealthNet/Conduent
<b>Criteria Status:</b>	<input type="checkbox"/> Existing Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> 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
	<ul style="list-style-type: none"><li>Baclofen (gen Lioresal®)</li><li>Chlorzoxazone 500 mg</li><li>Cyclobenzaprine Tabs (gen Flexeril®)</li><li>Dantrolene</li><li>Methocarbamol</li><li>Orphenadrine ER</li><li>Tizanidine Tabs</li></ul>	<ul style="list-style-type: none"><li>Amrix®</li><li>Baclofen Soln (gen Ozobax®)</li><li><b>Baclofen Susp (gen Fleqsuvy™)</b></li><li>Carisoprodol</li><li>Carisoprodol/ASA</li><li>Carisoprodol/ASA/Codeine</li><li>Chlorzoxazone 250, 375, 750 mg</li><li>Cyclobenzaprine 7.5 mg Tabs (gen Fexmid®)</li><li>Cyclobenzaprine ER</li><li>Dantrium®</li><li>Fexmid®</li><li>Fleqsuvy™</li><li>Lorzone®</li><li>Lyvispah™</li><li>Metaxalone</li><li>Orphenadrine/ASA/Caffeine (Norgesic®, Norgesic® Forte, Orphengesic® Forte)</li><li>Soma®</li></ul>

	<ul style="list-style-type: none"> <li>• Tizanidine Caps</li> <li>• Zanaflex®</li> </ul>
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Type of Criteria: ☐ Increased risk of ADE  
☒ Appropriate Indications

☒ Preferred Drug List  
☐ 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

- Claim is for a preferred agent **OR**
- For non-preferred agents:
  - 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 **OR**
  - For non-preferred liquid or granule packet dosage forms:
    - Participant is aged < 10 years **AND**
    - Claim is for **Lyvispah granules** **OR**
    - Documentation of medical necessity required

## 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: ☐  
 MedWatch Form: ☐

Progress Notes: ☐  
 Other: ☒

## Disposition of Edit

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

## Default Approval Period

1 year

*SmartPA PDL Proposal Form*

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## 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 2022.
- USPDI, Micromedex; 2022.
- Drug Facts and Comparisons On-line; 2022.