

NOTE: Important Pharmacy Program Change
Skeletal Muscle Relaxants to have Daily Quantity Limits
and Maximum Duration of Therapy
Effective September 23rd, 2014

September 15th, 2014

Dear Prescriber:

The Drug Utilization Review (DUR) Board last year examined muscle relaxant utilization in pharmacy claims for beneficiaries of the public programs of the Department of Vermont Health Access (DVHA) and considered the literature and clinical guidelines that addressed the use of muscle relaxants in certain painful conditions. The National Institute of Drug Abuse (NIDA) and the DEA have identified skeletal muscle relaxants as one of the classes of prescription drugs with a high potential for diversion and abuse. After careful deliberation, the Board voted to implement daily quantity limits and maximum duration of therapy restrictions for muscle relaxants due to concerns about misuse, diversion and safety.

Skeletal muscle relaxants are classified by their pharmacologic properties as either antispastic or antispasmodic agents. The antispastic agents include baclofen, tizanidine, and dantrolene and are used to reduce spasticity that interferes with function or daily living activities, such as in cerebral palsy, multiple sclerosis, and spinal cord injuries. No restrictions are being placed on these agents.

In contrast, the antispasmodic agents are primarily indicated as adjuncts to rest, physical therapy and other measures for the relief of discomfort associated with acute, painful musculoskeletal disorders. Musculoskeletal conditions include lower back pain, neck pain, tension headaches, fibromyalgia, and myofascial pain. The antispasmodic agents include carisoprodol, chlorzoxazone, cyclobenzaprine, metaxalone, methocarbamol, and orphenadrine citrate. Skeletal muscle relaxants are central nervous system (CNS) depressants. Skeletal muscle relaxants (SMR) should not be the primary drug class of choice for musculoskeletal conditions. The American Pain Society and the American College of Physicians recommend using acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs) as first-line agents for acute low back pain and reserving skeletal muscle relaxants as an alternative treatment option. They recommend use with caution. Evidence from clinical trials of skeletal muscle relaxants is limited because of poor methodological design, insensitive assessment methods, and small numbers of patients. Several of these agents include FDA recommended maximum durations of therapy of only 2 – 3 weeks.

Beginning 9/23/2014, all antispasmodic SMR agents will have daily quantity limits as indicated in the table on the reverse of this letter. Additionally, patients will be limited to 90 days of therapy per 365 days. The daily quantity limit parameter will be effective immediately on 9/23/2014 and the number of treatment days will start to be counted on prescriptions filled on or after 9/23/2014. Patients who we were able to identify as refilling prescriptions on a monthly basis that exceeded the new daily quantity limits were given 6 week prior authorizations to override the quantity limit edits. These PAs will expire on 11/04/2014. An additional sheet is included in this letter if any of your patients were identified as requiring such a PA.

All skeletal muscle relaxants carry the following warning of CNS depression: May cause sedation; CNS effects may be additive; appropriate caution should be exercised when taking more than one CNS depressant simultaneously.

Per our current pharmacy claims activity, you have issued an antispasmodic skeletal muscle relaxant prescription for at least one DVHA patient in the last 45 days. Please evaluate your patients for ongoing need of skeletal muscle relaxant therapy. If you would like to receive a list of all your patients currently filling claims for SMRs, please contact our on-site Catamaran Client Services Manager, Michelle Sirois at 1-802-879-5940.

If you believe your patient is not able to be titrated down to the maximum daily quantity limit or needs more than 90 days of therapy, a second reconsideration will need to be requested of the DVHA Medical Director. Approval for prescriptions exceeding daily quantity limits and treatment duration restrictions will be accessed on a patient by patient basis after relevant clinical information supporting the request is provided by the prescriber.

If you have questions related to this change in benefit coverage, please feel free to contact our on-site Catamaran Clinical Consultant, Diane Neal, R.Ph, at 1-802-879-5605.

Thank you for your continued support of the State of Vermont's clinical pharmacy programs.

Sincerely,

J. Scott Strenio, M.D.
Medical Director

Antispasmodic Skeletal Muscle Relaxants DVHA Preferred Drug Status and Daily Quantity limits

PREFERRED PRODUCT – NO PA REQUIRED	QUANTITY LIMIT PER DAY	PA REQUIRED
Single Agent		
Chlorzoxazone (generic) 500 mg tabs	4	Parafon Forte DSC® 500 mg tabs Lorzone® 375 mg, 750 mg tabs
Cyclobenzaprine (generic) 5 mg, 10 mg tabs	6 (5 mg), 3 (10 mg)	Flexeril®
Methocarbamol (generic) 500mg, 750 mg tabs	8	Robaxin®
Orphenadrine Citrate ER (generic) 100 mg tabs	2	---
	1	Amrix® (cyclobenzaprine SR) 15 mg, 30 mg caps
	4	Carisoprodol 250 mg, 350 mg tabs, Soma®
	3	Cyclobenzaprine 7.5 mg tab, Fexmid®
	4	Metaxalone 800 mg tabs, Skelaxin®
Combination Product		
	4	Carisoprodol/ASA tabs
	4	Carisoprodol/ASA/codeine tabs
	4	Orphenadrine/ASA/caffeine tabs