

Fiscal Year 2009 Annual Review of Skeletal Muscle Relaxants

Oklahoma Health Care Authority

April 2010

Current Prior Authorization Criteria for Skeletal Muscle Relaxants

Skeletal Muscle Relaxants		
Tier 1*	Tier 2	Hard PA
Cyclobenzaprine (Flexeril®) Baclofen (Lioresal®) Tizanidine (Zanaflex®) Methocarbamol (Robaxin®) Chlorzoxazone (Parafon Forte®) Orphenadrine (Norflex®)	Metaxolone (Skelaxin®)	Carisoprodol (Soma®) 350mg Carisoprodol w Aspirin Carisoprodol, ASA, Codeine Carisoprodol (Soma®) 250mg Tizanidine (Zanaflex®) Caps Cyclobenzaprine ER (Amrix®) Caps Cyclobenzaprine 7.5mg (Fexmid®) Tabs

*Brand products are subject to the Brand Name Override where generic is available.

The approval criteria for a Tier 2 product are as follows:

1. Failure with at least two Tier 1 medications within the past 90 days defined as no beneficial response after at least two weeks of use during which time the drug has been titrated to the recommended dose.
2. Approvals will be for the duration of three months, except for members with chronic diseases such as multiple sclerosis, cerebral palsy, muscular dystrophy, paralysis, or other chronic musculoskeletal diagnosis confirmed with diagnostic results, in which case authorizations will be for the duration of one year.
3. For repeat authorizations, there must be documentation of failed withdrawal attempt within past three months defined as increase in pain and debilitating symptoms when medication was discontinued.

The following criteria are recommended for approval of carisoprodol 350mg or carisoprodol 350mg combination products: A cumulative 90 therapy day window per 365 days will be in place for these products, further approval will be based on the following:

1. An additional approval for 1 month will be granted to allow titration or change to a Tier1 muscle relaxant. Further authorizations will not be granted.
2. Clinical exceptions may be made for members with the following diagnosis and approvals will be granted for the duration of one year: multiple sclerosis, cerebral palsy, muscular dystrophy, or paralysis

Additional criteria for Carisoprodol (Soma®) 250mg

1. Must provide detailed documentation regarding member's inability to use other skeletal muscle relaxants including carisoprodol 350mg, and specific reason member cannot be drowsy for even a short time period. Member must not have other sedating medications in current claims history.
2. A diagnosis of acute musculoskeletal pain, in which case, the approval will be for 14 days per 365 day period. Conditions requiring chronic use will not be approved.

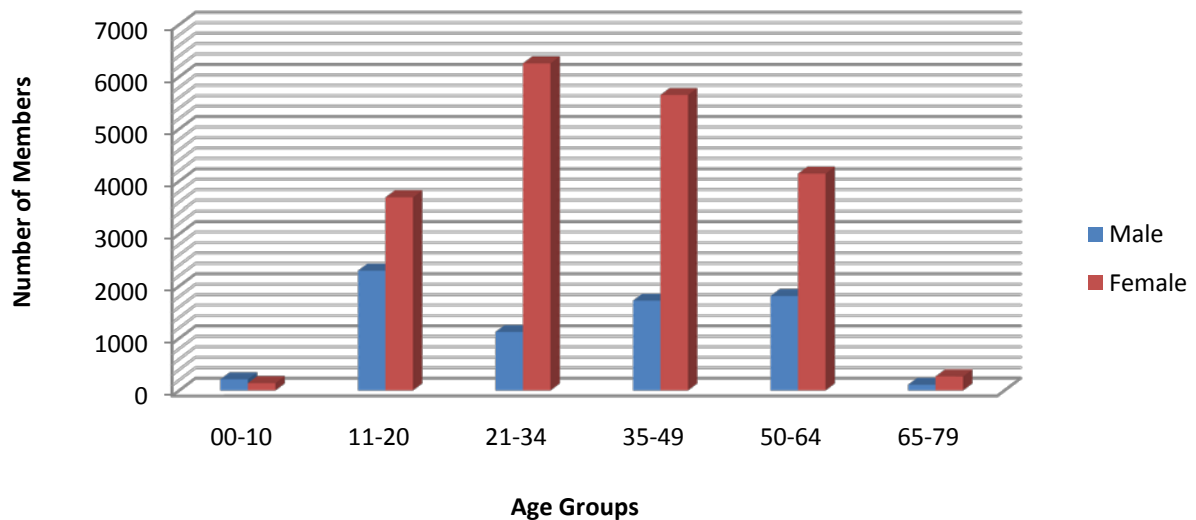
Zanaflex Capsules - Tizanidine tablets must be tried prior to consideration of the capsules. The capsules may be considered for approval only if there is supporting information as to why the member cannot take the tablets.

Amrix® and Fexmid® - Approval is based on clinical documentation of inability to take other generically available forms of cyclobenzaprine tabs.

Trends in Utilization of Skeletal Muscle Relaxants

Fiscal Year	Members	Claims	Cost	Cost/ Claim	Per-Diem	Units	Days
2008	25,252	74,229	\$1,345,597.77	\$18.13	\$0.78	4,994,643	1,715,027
2009	27,518	78,612	\$1,088,914.15	\$13.85	\$0.60	5,650,838	1,816,087
% Change	9.0%	5.9%	-19.1%	-23.6%	-23.1%	13.1%	5.9%
Change	2,266	4,383	(\$256,683.62)	(\$4.28)	(\$0.18)	656,195	101,060

Member Demographics for Fiscal Year 2009



Top 10 Prescribers of Muscle Relaxant Products: FY 2009

Specialty	Claims	Total Paid
Family Practitioner	27,529	\$394,818.54
General Practitioner	7,561	\$109,302.40
Internist	6,714	\$100,761.71
Physician Assistant	5,210	\$64,039.40
Prescriber Only	5,088	\$60,086.95
Nurse Practitioner (Other)	3,912	\$48,005.74
General Pediatrician	2,827	\$37,642.96
Orthopedic Surgeon	2,531	\$30,710.23
Anesthesiologist	2,481	\$47,436.44
ER Medicine Practitioner	2,429	\$17,551.44

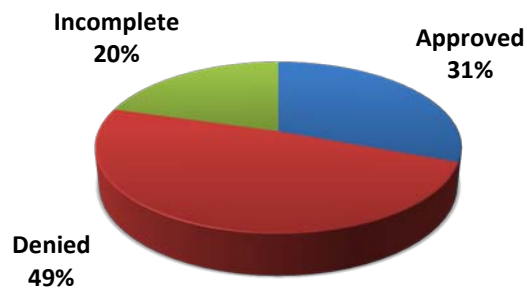
Utilization Details of Muscle Relaxant Products for Fiscal Year 2009

Product	Claims	Members	Amount Reimbursed	Units/ Day	Claims/ Member	Perdiem	Percent Cost
CYCLOBENZAPR TAB 10MG	35,191	16,657	\$314,840.74	2.49	2.11	\$0.43	28.91%
CARISOPRODOL TAB 350MG	10,418	4,389	\$110,263.29	2.82	2.37	\$0.42	10.13%
TIZANIDINE TAB 4MG	8,388	2,568	\$139,887.44	3.08	3.27	\$0.62	12.85%
BACLOFEN TAB 10MG	7,153	1,777	\$69,559.28	3.25	4.03	\$0.34	6.39%
CYCLOBENZAPR TAB 5MG	4,243	2,839	\$39,072.60	2.49	1.49	\$0.57	3.59%
BACLOFEN TAB 20MG	3,302	632	\$49,262.88	4.87	5.22	\$0.52	4.52%
METHOCARBAM TAB 750MG	3,208	1,570	\$47,864.69	3.64	2.04	\$0.70	4.40%
METHOCARBAM TAB 500MG	1,741	889	\$25,260.30	3.57	1.96	\$0.67	2.32%
ORPHENADRINE TAB 100MG ER	1,612	982	\$40,318.38	1.94	1.64	\$1.17	3.70%
TIZANIDINE TAB 2MG	1,135	382	\$16,629.01	2.83	2.97	\$0.53	1.53%
CHLORZOAZON TAB 500MG	1,100	552	\$8,985.21	2.79	1.99	\$0.35	0.83%
SKELAXIN TAB 800MG	860	269	\$201,855.13	2.85	3.2	\$8.76	18.54%
ORPHEN CPD TAB DS	118	51	\$11,458.51	3.16	2.31	\$5.05	1.05%
BACLOFEN POW	42	11	\$1,398.89	361.27	3.82	\$1.26	0.13%
CARISOPR/ASA TAB 200-325	32	25	\$460.63	3.19	1.28	\$0.82	0.04%
ORPH/ASA/CAF TAB	22	13	\$1,052.09	3.93	1.69	\$3.68	0.10%
CARISOPRODOL TAB ASA/COD	16	7	\$753.49	3.84	2.29	\$4.14	0.07%
ZANAFLEX CAP 6MG	9	1	\$971.34	1	9	\$3.60	0.09%
AMRIX CAP 30MG	6	3	\$1,277.40	1	2	\$8.29	0.12%
LIORESAL INT INJ 40MG/20	5	3	\$5,336.99	0.04	1.67	\$44.11	0.49%
LIORESAL INT INJ 10MG/20	3	2	\$914.61	0.06	1.5	\$14.07	0.08%
AMRIX CAP 15MG	3	3	\$810.35	1	1	\$9.00	0.07%
SOMA TAB 250MG	1	1	\$315.39	4	1	\$10.51	0.03%
ZANAFLEX CAP 4MG	1	1	\$269.38	8	1	\$17.96	0.02%
CYCLOBENZAPR POW HCL	1	1	\$59.15	7.07	1	\$3.94	0.01%
ORPHENADRINE TAB 100MG CR	1	1	\$18.96	1	1	\$0.63	0.00%
ORPHENGESIC TAB	1	1	\$18.02	10	1	\$6.01	0.00%
Totals	78,612	27,518*	\$1,088,914.15	3.11	2.86	\$0.60	100.01%

*Unduplicated Members

Prior Authorization of Muscle Relaxant Products: FY 2009

The total number of petitions for this category was 2,447. A total of 751 were approved, 1,194 were denied, and 502 were incomplete.



Recommendations

The College of Pharmacy does not recommend any changes to the Muscle Relaxant PBPA Category at this time.