Skeletal Muscle Relaxants

Goal(s):

- Cover non-preferred drugs only for funded conditions.
- Restrict carisoprodol to short-term use due to lack of long-term studies to assess safety or efficacy and high potential for abuse.

Length of Authorization:

- Up to 3 - 6 months

Requires PA:

- Non-preferred agents

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code	
2. Is the diagnosis funded by the Oregon Health Plan?	**Yes:** Go to #4	**No:** Current age ≥ 21 years: Pass to RPh. Deny; not funded by the OHP Current age < 21 years: Go to #3
3. Is there documentation that the condition is of sufficient severity that it impacts the patient's health (e.g., quality of life, function, growth, development, ability to participate in school, perform activities of daily living, etc)?	**Yes:** Go to #4	**No:** Pass to RPh. Deny; medical necessity.
4. Will the prescriber consider a change to a preferred product? Message: • Preferred products do not require PA • Preferred products are evidence-based reviewed for comparative effectiveness and safety by the Pharmacy and Therapeutics (P&T) Committee.	**Yes:** Inform prescriber of covered alternatives in class	**No:** Go to #5
5. Is drug requested carisoprodol?	**Yes:** Go to #6	**No:** Approve for up to 3 months

Approval Criteria		
6. Has an opioid been prescribed within the past 30 days?	**Yes:** Deny; medical appropriateness	**No:** Go to #7
7. Does total quantity of carisoprodol exceed 56 tablets in 90 days? From claims, document product, dose, directions, and amount used during last 90 days.	**Yes:** Go to #8	**No:** Approve for up to 3 months
8. Does patient have a terminal illness (e.g. metastatic cancer, end stage Parkinson's disease, ALS)?	**Yes:** Approve for 6 months.	**No:** Pass to RPh. Go to #9

9. Pharmacist's statement:
 	
• Carisoprodol cannot be approved for long term usage.
• Patients are limited to 56 tablets in a 90 day period.
• It is recommended that the patient undergo a "taper" of the carisoprodol product of which a supply may be authorized for this to occur.
• The amount and length of taper depends upon the patient's condition. Does the patient meet one or more of the following:
  ○ >65 years of age; or
  ○ renal failure; or
  ○ hepatic failure; or
  ○ take > 1400 mg per day?
	Yes: Document reason and approve long taper:
	
	• Authorize 18 tablets
	• Reduce dose over 9 days
	• 350 mg TID X 3 days, then
	• 350 mg BID X 3 days, then
	• 350 mg daily x 3 days then evaluate
		No: Approve short taper:
		
		• Authorize 10 tablets
		• Reduce dose over 4 days
		• 350 mg TID x 1 day, then
		• 350 mg BID x 2 days, then
		• 350 mg daily x1 day, then evaluate

P&T Review: *9/19 (KS); 3/17 (DM); 3/17; 11/14; 9/09; 2/06; 2/04; 11/01; 2/01; 9/00; 5/00; 2/00*
Implementation: *4/1/17; 1/1/15, 1/1/14, 1/1/10, 11/18/04*