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 #3	**No:** Pass to RPh. Deny; not funded by the OHP
3. 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 #4
4. Is drug requested carisoprodol?	**Yes:** Go to #5	**No:** Approve for up to 3 months
5. Has an opioid been prescribed within the past 30 days?	**Yes:** Deny; medical appropriateness	**No:** Go to #6
6. 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 #7	**No:** Approve for up to 3 months

Approval Criteria		
7. 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 #8
8. 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*