

Wyoming Drug Utilization Review

The Use of Skeletal Muscle Relaxants

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Skeletal muscle relaxants (SMRs) can be used to treat muscle spasticity associated with spinal cord disease or injury, or to treat acute musculoskeletal conditions. This discussion will be limited to acute lower back pain. Treatment discussion will further be limited to the most common SMRs seen in Wyoming Medicaid claims: cyclobenzaprine, carisoprodol, orphenadrine, metaxalone, and methocarbamol.

SMRs are similar in efficacy and safety.¹ However, all are associated with contraindications and adverse effects which need to be assessed prior to initiating therapy. Contraindications and the adverse effect profiles may determine which SMR is considered first-line for a patient.

The costs associated with lower back pain are estimated to exceed \$100 billion per year.² In developed countries, lower back pain is estimated to occur in 70 – 84% of people at some point during their life.³ Acute lower back pain is the fifth most common reason for physician office visits in the United States.¹

In 2008, Wyoming Medicaid claims consisted of 6291 prescriptions for SMRs. While combination products exist, they are seldom prescribed; therefore, the data for combination products is included in the SMR component. Cyclobenzaprine accounted

for the majority of the prescriptions (66.3%). The total number of prescriptions for SMRs steadily increased from 1998 until decreasing sharply in 2005-2006.

Cyclobenzaprine is structurally related to tricyclic antidepressants and has effects at the brain stem, not the spinal cord.⁴ Use caution in patients with mild hepatic impairment.⁴ Drowsiness, dizziness, and xerostomia are the most common adverse effects.⁵ The dose is 5 mg three times per day and may be increased to 10 mg three times per day, depending on the patient's response.⁴

Carisoprodol is metabolized to meprobamate and is believed to alter interneuronal activity by acting at the spinal cord and descending reticular formation.⁶ Idiosyncratic reactions may occur and include: "severe weakness, transient quadriplegia, euphoria, or vision loss (temporary)."⁵ Seizures have also occurred in patients taking carisoprodol.⁶ Headache, dizziness, and drowsiness are the most common adverse effects.⁶ The dose is 250 – 350 mg three times per day and at bedtime; however, carisoprodol should not be used for more than two or three weeks.⁶

Orphenadrine is believed to reduce muscle spasm by acting on the medulla or motor centers in the cerebellum.⁷ Long-term therapy has not been evaluated.⁵ Use caution in patients with cardiovascular conditions.⁵ The most common adverse effects are anticholinergic in nature, with xerostomia commonly presenting as the initial symptom of toxicity.⁵ The dose is 200 mg twice daily.⁷

Metaxalone is believed to cause general CNS depression and does not have an effect on "the contractile mechanism of striated muscle, the motor end plate, or the nerve fiber."⁸ The CNS depressant effects may be potentiated by food, especially high fat meals.⁸ Anxiety, dizziness, drowsiness, GI upset, headache, irritability, nausea, and vomiting are the most common adverse effects.⁹ The dose is 800 mg three to four times per day.⁸

Methocarbamol is believed to produce general CNS depression, causing sedation and decreasing muscle spasms.^{9,10} Like metaxalone, methocarbamol does not have a direct effect on the action of skeletal

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WY-DUR Board Meeting Update

The DUR Board met for its bimonthly business meeting on September 24, 2009. Highlights of this meeting include the following.

Due to budget restrictions imposed by the Governor, the Medicaid Pharmacy Program will have to expand the Preferred Drug List and implement other limits in a very quick manner. The DUR Board will continue to elicit public comment on impending policy changes, however the timeline will be truncated. Please be sure to submit any comments prior to the requested dates to ensure they can be considered prior to implementation.

Several new PDL classes were implemented on July 1, 2009. It was noted with the ADHD class that there was an issue with the ADHD diagnosis not being on file for clients. The prior authorization system requires diagnosis and prescription information in order to determine payment or denial of a claim. Therefore it is extremely critical that complete diagnosis information is included when medical billing is done to avoid unnecessary prior authorization rejections.

The following prior authorization criteria were approved for public comment.

Hepatitis C agents criteria September 24, 2009

Preferred: Pegasys

Non-preferred: Peg-Intron

Criteria for approval of non-preferred: Trial and failure of Pegasys. Peg-Intron will be approved for pediatric patients (aged 18 and under), for retreatment, and for dosage adjustments that cannot be achieved with Pegasys.

Lidoderm criteria September 24, 2009

Lidoderm will be approved for all types peripheral neuropathy.

Ophthalmic prostaglandin criteria September 24, 2009

Preferred agents: Travatan and Lumigan

Non-preferred agent: Xalatan

Criteria for non-preferred: Trial and failure of both preferred agents.

Saphris and Fanapt criteria September 24, 2009

Saphris and Fanapt require prior authorization.

A trial of all atypicals (except clozapine) will be required at max dose for 30 days for approval either drug. Adverse events will constitute an end to any trial.

Onsolis criteria September 24, 2009

Use of Onsolis will require trial and failure of fentanyl transmucosal and fentanyl buccal tablet. In addition, Onsolis will be limited to the indication of breakthrough cancer pain.

Embeda will require prior authorization.

All proposed prior authorization criteria will be posted for public comment. Comments may be sent by email to alewis13@uwyo.edu or by mail to: Wyoming Drug Utilization Review Board, Dept. 3375, 1000 E. University Avenue, Laramie, WY 82071. Comments should be received prior to October 30th.

The small package sizes of Serevent, Advair and Spiriva will only be allowed one time per recipient. For chronic use, the 30 day package sizes will be required.

The next DUR Board meeting will be held November 19, 2009 in Casper. Topics for discussion will include botulinum toxin, review of short-acting narcotics, recommended PDL for 2010, and proposed limits for psychotropic agents. An agenda will be posted approximately two weeks prior to the meeting.

Wyoming Preferred Drugs Updates

Prevacid

Effective October 1, 2009, Prevacid will no longer be a preferred medication due to significant changes in cost. The preferred medications will be omeprazole and Kapidex. Prevacid will continue to be allowed for children under 8 years of age without prior authorization.

Claims for Prevacid will be allowed through December 31, 2009 to provide sufficient time to switch to a preferred medication. You will need to issue a new prescription for patients currently taking Prevacid or submit a prior authorization request for continued use of Prevacid after January 1, 2010. Prior authorization forms can be downloaded at www.wyequalitycare.org and should be submitted to the Pharmacy Claims Vendor, GHS.

Imitrex

Effective October 1, 2009, brand name Imitrex will no longer be a preferred medication as the price of the generic equivalent (sumatriptan) has decreased.

Pharmacies will be allowed to submit claims for the brand name until December 31, 2009 in an effort to deplete their inventory of the brand name. Your patients will be automatically switched to the generic formulation by the pharmacy before January 1, 2010. No action is required of your office, unless you wish to continue your patient on brand name Imitrex. If so, please submit a Brand Name Prior Authorization

request to the Pharmacy Claims Vendor, GHS. For more information on the PA process and to download a copy of the form, please visit www.wyequalitycare.org.

Enbrel

The Office of Pharmacy Services has been tasked with implementing significant cost reductions in the Wyoming Medicaid Pharmacy Program. In a review of potential options, it was noted that the cost of using two Enbrel 25 mg injections is significantly less than using one of the 50 mg injections. Effective January 1, 2010, we are asking that Wyoming Medicaid clients use two injections of the Enbrel 25 mg. Enbrel 50 mg injections will require prior authorization. We understand that this may cause some discomfort to your patients. However, cooperation with this policy will greatly decrease the likelihood of prior authorization for the entire class of drugs.

Claims for Enbrel 50 mg will be allowed through December 31, 2009 to provide sufficient time to switch to the 25 mg product. You will need to issue a new prescription for patients currently taking Enbrel 50 mg or submit a prior authorization request for continued use of Enbrel 50 mg after January 1, 2010. Prior authorization forms can be downloaded at www.wyequalitycare.org and should be submitted to the Pharmacy Claims Vendor, GHS.

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muscle.¹⁰ Drowsiness, dizziness, and lightheadedness are the most common adverse effects associated with methocarbamol.⁹ The initial dose is 1500 mg four times per day, and the maintenance dose is 1000 mg four times per day.¹⁰

Baclofen accounted for 14.8% of SMR claims. Baclofen is indicated to relieve muscle spasticity associated with spinal cord injury or lesions.¹¹

Over the last several years, cyclobenzaprine has been the most commonly prescribed SMR while claims for carisoprodol, orphenadrine, metaxalone, and methocarbamol have been declining. This is consistent with changes to the Preferred Drug List which requires a trial of cyclobenzaprine or prior authorization before approval of another SMR.

References

1. Chou R, Qaseem A, Snow V, et al. Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society. *Ann Intern Med.* 2007;147:478-491.
2. Wheeler SG, Wipf JE, Staiger TO, Deyo RA. Approach to the diagnosis and evaluation of low back pain in adults. In: Sokol HN (editor). *UpToDate Online 16.3.* Waltham (MA): UpToDate; 2009. Available from: <http://www.uptodate.com>. Accessed: February 19, 2009.
3. Koes B, Van Tulder M. Acute low back pain. *Am Fam Physician.* 2006;74:803-805.
4. Flexeril (cyclobenzaprine hydrochloride) tablet, film coated [prescribing information]. Fort Washington (PA): McNeil Consumer & Specialty Pharmaceuticals; 2005 February.
5. Lexi-Drugs Online™. Lexi-Comp Online™. Hudson (OH): Lexi-Comp, Inc.; 2009. Available from: <http://online.lexi.com>. Accessed: February 22, 2009.
6. Soma® (carisoprodol) tablets for oral use [prescribing information]. Somerset (NJ): MedPointe Healthcare, Inc.; 2007 September.
7. Norflex (orphenadrine citrate) tablet, extended release [prescribing information]. Northridge (CA): 3M Pharmaceuticals; 2006 October.
8. Skelaxin® (metaxalone) tablets [prescribing information]. Bristol (TN): King Pharmaceuticals, Inc.; 2008 April.
9. Clinical Pharmacology [database online]. Tampa (FL): Gold Standard, Inc.; 2009. Available from: <http://www.clinicalpharmacology.com>. Accessed: February 24, 2009.
10. Methocarbamol tablets USP [prescribing information]. Corona (CA): Watson Laboratories, Inc.; 2008 March.
11. Baclofen tablets USP [prescribing information]. Corona (CA): Watson Laboratories, Inc.; 2004 January.

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