NYRx Drug Class Coverage Overview: Skeletal Muscle Relaxants

NYRx Preferred Drugs

Drugs in the Skeletal Muscle Relaxant drug class are included on the NYRx Preferred Drug List (PDL) and are subject to prior authorization (PA) requirements of the NYRx Drug Utilization Review (DUR) Program:

Preferred Drugs	Non-Preferred Drugs	Prior Authorization/Coverage Parameters
XI. Musculoskeletal Agents		
Skeletal Muscle Relaxants		
baclofen tablet chlorzoxazone 500 mg cyclobenzaprine 5 mg, 10 mg tablet dantrolene methocarbamol orphenadrine ER tizanidine tablet	Amrix® baclofen solution baclofen suspension (gen Fleqsuvy™) carisoprodol ST, F/Q/D carisoprodol compound ST, F/Q/D carisoprodol compound/codeine CC, ST, F/Q/D chlorzoxazone (gen Lorzone) 375 mg, 750 mg cyclobenzaprine 7.5 mg cyclobenzaprine ER capsule (gen Amrix) Dantrium® Fexmid® Fleqsuvy™ Lorzone® Lyvispah™ metaxalone orphenadrine-aspirin-caffeine Soma® ST, F/Q/D Soma® 250 ST, F/Q/D tizanidine capsule Zanaflex®	**CLINICAL CRITERIA (CC)** For carisoprodol/codeine products: • Limited to a total of 4 opioid prescriptions every 30 days; exemption for diagnosis of cancer or sickle cell disease • Medical necessity rationale for opioid therapy is required for patients on established opioid dependence therapy • PA required for initiation of opioid therapy in patients currently on benzodiazepine therapy • PA required for any codeine containing products in patients < 12 years **STEP THERAPY (ST)** • Trial with 1 analgesic and 2 skeletal muscle relaxants prior to use of **carisoprodol** containing products **FREQUENCY/QUANTITY/DURATION (F/Q/D)** • **Carisoprodol** – Maximum 4 units per day, 21-day supply • **Carisoprodol combinations** – Maximum 8 units per day, 21-day supply (not to exceed the 84 cumulative units per year limit)

Prior Authorization Requirements

- Preferred drugs will not require PA if the required coverage parameters, as outlined in the PDL, are found in the member's Medicaid claim history at the time of pharmacy claim submission.
- Non-preferred drugs will require prior authorization unless otherwise indicated.

Carisoprodol (Soma®)

- Carisoprodol is a skeletal muscle relaxant FDA-approved for the relief of discomfort associated with acute, painful musculoskeletal conditions in adults and limited to acute treatment periods of up to two or three weeks.

- Carisoprodol is a CIV controlled substance and has been subject to abuse, dependence and withdrawal, misuse, and criminal diversion.
- Carisoprodol (and all carisoprodol-containing drugs) are non-preferred and have additional criteria.
- For carisoprodol/codeine products, Clinical Criteria (CC) requirements outlined in the PDL are as follows:
  - Limited to a total of four opioid prescriptions every 30 days; exemption for diagnosis of cancer, sickle cell disease, or palliative care.
  - Medical necessity rationale for opioid therapy is required for patients on established opioid dependence therapy.
  - PA is required for initiation of opioid therapy in patients currently on benzodiazepine therapy.
  - PA is required for carisoprodol/codeine products in patients less than 12 years old.
- Step Therapy (ST) requirements outlined in the PDL are as follows:
  - Trial with one analgesic and two skeletal muscle relaxants prior to use of carisoprodol-containing products.
- Frequent/Quantity/Duration (F/Q/D) requirements outlined in the PDL are as follows:
  - Carisoprodol – Maximum four units per day, 21-day supply.
  - Carisoprodol combinations – Maximum eight units per day, 21-day supply (not to exceed the 84 cumulative units per year limit).

What Pharmacy Providers Need to Do

Pharmacy providers should become familiar with the Skeletal Muscle Relaxant coverage criteria and the PDL and incorporate this information when discussing the need for PA with prescribers.

What Prescribers Need to Do

Prescribers should become familiar with the Skeletal Muscle Relaxant coverage criteria on the PDL and prescribe preferred products. NYRx system editing has been enhanced for carisoprodol containing products to ensure members are receiving prescriptions that uphold the criteria approved by the DUR Program and FDA-approved indication. Please review FDA-approved or compendia-supported Non-Opioid Alternatives to Pain Management.

Resources

- Non-Opioid Alternatives to Pain Management
- NYRx Drug Utilization Review Program
- NYRx Education & Outreach Website
- NYRx Preferred Drug List
- NYRx Prior Authorization Submission Guide

Contact Information

The NYRx Education & Outreach Call Center is available by phone at 1-833-967-7310 or by email at NYRxEO@primetherapeutics.com from 8:00 AM to 5:00 PM ET, Monday through Friday, excluding holidays.

The NYRx Education & Outreach team hosts virtual office hours every week for stakeholders to ask questions related to NYRx and care coordination. Visit the NYRx Education & Outreach website for more information.