

orphenadrine-aspirin-caffeine (NORGESIC FORTE, ORPHENGESIC FORTE)

Diagnosis Considered for Coverage:

- Disorder of musculoskeletal system - Mild to moderate pain

Coverage Criteria:

For musculoskeletal conditions and relief of mild to moderate pain:

For patient < 65 years old:

- Dose does not exceed FDA label maximum, **and**
- Inadequate response, or intolerable side effect to TWO preferred muscle relaxants (e.g. cyclobenzaprine, carisoprodol, methocarbamol), or contraindication to all preferred muscle relaxants

For patient ≥ 65 years old:

- Dose does not exceed FDA label maximum, **and**
- Inadequate response, or intolerable side effect to TWO preferred muscle relaxants (e.g. cyclobenzaprine, carisoprodol, methocarbamol), or contraindication to all preferred muscle relaxants,

AND

DAE/HRM REVIEW:

- Prescribing or consulting physician is aware this medication can be potentially harmful or contraindicated in patients 65 years old or older and that the medication is appropriately prescribed for the member, **and**
- Prescribing or consulting physician has monitoring plan for adverse side effects, **and**
- Prescribing or consulting physician has an anticipated treatment duration.

Coverage Duration: one year

Effective Date: 5/31/2023