

cyclobenzaprine hcl (Amrix®)

Commercial Pharmacy Benefit Drug Policy

****AGE LIMIT: HRM REVIEW REQUIRED IF 65 YEARS OF AGE OR OLDER****

Drug Details

USP Category: SKELETAL MUSCLE RELAXANTS

Mechanism of Action: skeletal muscle relaxants

Label Name	Quantity Limit
Amrix 15 MG CAP ER 24H	1 cap/day
Amrix 30 MG CAP ER 24H	1 cap/day
Cyclobenzaprine HCl ER 15 MG CAP ER 24H	1 cap/day
Cyclobenzaprine HCl ER 30 MG CAP ER 24H	1 CAP/DAY

Condition(s) listed in policy *(see coverage criteria for details)*

- Treatment of painful musculoskeletal conditions (muscle spasms)

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the Health and Safety Code section 1367.21 must be met.

Special Instructions and pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

The following condition(s) require Prior Authorization/Preservice:

Treatment of painful musculoskeletal conditions (muscle spasms)

For patient < 65 years old:

- Dose does not exceed 30 mg per day, **and**
- Patient has tried immediate-release cyclobenzaprine and would like to dose consolidate.

For patient ≥ 65 years old:

- Dose does not exceed 30 mg per day, **and**
- Patient has tried immediate-release cyclobenzaprine and would like to dose consolidate,
- DAE/HRM criteria: (pharmacy provider can also attest)
 - 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 Period:

one year

Review History

Date of Last Annual Review: 1Q2024

Date of last revision: 02/28/2024

Changes from previous policy version:

- no clinical changes following annual review

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*