

# First Script Prescription Benefit News for Workers' Compensation

April 2020



## Ask The Pharmacist

To suggest a topic, send an email to:  
[AskThePharmacist@cvty.us.com](mailto:AskThePharmacist@cvty.us.com)

## What is the role of skeletal muscle relaxants in the treatment of injuries?

Skeletal muscle relaxants are a leading category of prescribed medications in workers' compensation settings and elsewhere in health care delivery, often prescribed for elderly patients and as "adjuvants" for the treatment of chronic pain in patients with overlapping medical conditions and multiple medications.

This is a challenging group of medications to characterize because "muscle relaxant" is a "functional" description of a group of structurally dissimilar substances with differing pharmacologic and side effect profiles.<sup>1</sup> They are used to treat two conditions that contribute to discomfort in workplace injuries: muscle spasticity and spasm. Spasticity is described as increased motor tone and stiffness. Spasms are involuntary localized muscle contractions that arise from acute trauma or muscle strain. Fibromyalgia, low back, or neck pain are conditions commonly associated with muscle spasm, while multiple sclerosis, spinal cord, and traumatic brain injury are more frequently associated with muscle spasticity.

Antispasticity medications act to reduce muscle tone by two means, centrally in the brain or locally, by direct effect on skeletal muscles. Centrally acting agents include tizanidine, gabapentinoids (Lyrica<sup>®</sup>, Neurontin<sup>®</sup>, Gabapentin<sup>®</sup>, etc.), baclofen, benzodiazepines, and riluzole. Direct-acting medications include dantrolene and botulinum toxin.

Many antispasm medications are Food and Drug Administration (FDA) approved for pain associated with acute musculoskeletal conditions and for muscle spasm, limited to short treatment periods, as strong evidence for safety and effectiveness of longer-term use is not supported. Cyclobenzaprine (Flexeril<sup>®</sup>), methocarbamol (Robaxin<sup>®</sup>), carisoprodol (Soma<sup>®</sup>), metaxalone, and chlorzoxazone (Parafon Forte<sup>®</sup>) are examples of these. Many are known to cause central nervous system depression and related sedation and are an additive overdose risk when prescribed in combination with opioid pain medications. Some also appear on the American Geriatrics Society's Beers Criteria<sup>®</sup> list<sup>2</sup> of medications that are inappropriate for use in elderly patients.

The Official Disability Guidelines offer a conditional recommendation for the use of less sedating muscle relaxants, as a second line option for two weeks or less in lower back pain and acute exacerbations of chronic back pain. "In most lower back pain cases, they show no benefit beyond nonsteroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence."<sup>3</sup>

The use of muscle relaxant medications may carry substantial risks for drug interactions and side effects. Their use — alone or in combination with other medicines — in patients who are elderly, taking other medications, or have multiple medical conditions makes careful selection of these agents and vigilant monitoring of their use critical to safe, effective care.

1. Practical Pain Management Accessed at: <https://www.practicalpainmanagement.com/treatments/pharmacological/non-opioids/review-skeletal-muscle-relaxants-pain-management>  
2. American Geriatrics Society 2019 Updated AGS Beers Criteria<sup>®</sup> for Potentially Inappropriate Medication Use in Older Adults. By the 2019 American Geriatrics Society Beers Criteria<sup>®</sup> Update Expert Panel J Am Geriatr Soc 00:1–21, 2019.  
3. Official Disability Guidelines – Accessed at: <https://www.odgbymcg.com/treatment>



## FDA Requests Removal of Zantac®

On April 1, 2020, the FDA [announced](#) a request to all manufacturers of ranitidine, brand name Zantac, to withdraw the medication from the market. This request includes both prescription and over-the-counter (OTC) ranitidine. The reason for the withdrawal is concern that some formulations may contain levels of N-Nitrosodimethylamine (NDMA) that are considered unacceptable.

## Generic Vimovo® Now Available

A [generic for Vimovo](#) was approved by the FDA on February 2, 2020. Although this generic is now available, it comes with little price discount. The AWP for generic Vimovo (naproxen/esomeprazole magnesium) is still over \$40 per tablet, providing only a 10% reduction in price from the branded formulation.

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## Montana: Legacy Claim Guidance/Request Due to COVID-19

Given the immediate crisis of COVID-19 and the overload to our health care system, the Montana Department of Labor & Industry has formally requested that all TPAs and insurers delay adherence to the [Drug Formulary requirements](#) for Legacy Claims until the COVID-19 crisis passes. Doing so will ensure that health care providers will not have this added layer of health care delivery complexity during a time when they have no additional capacity. No changes will be made to the Legacy Claims until further notice from the department.

## Drug Take Back Day Postponed

The U.S. Drug Enforcement Administration (DEA) has announced that their regularly scheduled National Prescription Drug Take Back Day on April 25, 2020, is postponed due to the ongoing coronavirus (COVID-19) pandemic. The DEA will reschedule Drug Take Back Day shortly after the health crisis recedes and national emergency guidelines are lifted.

Anyone with questions related to safe drug disposal options before Drug Take Back Day is rescheduled are encouraged to visit the DEA Diversion Control Division [locator page](#) or find additional information at [DEATakeBack.com](#). Press release can be found [here](#).

## Emergency Access to Pharmacy Benefits

First Script has instituted the [Emergency Access to Benefits Program](#) in the wake of the COVID-19 pandemic and declaration of a national emergency. As part of the program, injured workers will be able to receive refills of their medications, even if the refill is too soon according to point-of-sale rules.

## First Script Disaster Protocols

In tandem with the above emergency access program, First Script has instituted our [Disaster Protocol](#) specific to the COVID-19 pandemic. The following guidelines will be used to determine if a non-formulary medication will be eligible for this protocol:

- Claim must be enrolled and active
- Medication must not have a previous denial (PA denial/block on file)
- Caller must voice concern regarding COVID-19 and the ability to fill the prescription

## Use of Chloroquine, Hydroxychloroquine, and Azithromycin

The therapeutic management of COVID-19 currently involves supportive care of symptoms and prevention of transmission. There are no FDA-approved drugs for the treatment of COVID-19 at this time. However, hydroxychloroquine and chloroquine are being investigated in several clinical trials for the management of COVID-19. To learn more read our [bulletin](#).

## NY WCB Extends Formulary Deadline to January 1, 2021

In response to widespread health care industry challenges due to COVID-19, the chair of the NY WCB has modified the New York Workers' Compensation Drug Formulary (NY WC Formulary) regulation (12 NYCRR 441.3(a)(2)) to [extend the deadline](#) by which all health care providers must obtain prior authorization for renewals of non-formulary medications from June 5, 2020, to January 1, 2021.

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## Drug of the Month

### Tizanidine

Tizanidine (generic for Zanaflex®) is a short-acting skeletal muscle relaxant that is indicated for the management of spasticity.<sup>1</sup> It is also used off-label for muscle spasms and muscle pain.<sup>2</sup>

Tizanidine is central acting meaning it blocks signals to the brain which allows muscles to relax. Unlike other muscle relaxants such as cyclobenzaprine or carisoprodol, tizanidine is used in the management of chronic conditions such as multiple sclerosis or spinal cord injury. Eight studies have shown benefit of tizanidine in low back pain.<sup>2</sup> Tizanidine has also been shown to be effective in the treatment of Myofascial Pain Syndrome.<sup>2</sup> It has also been studied as an additional therapy for the prevention of migraine and tension headache.<sup>3</sup> Furthermore, tizanidine is not listed as a medication to avoid on the American Geriatrics Society (AGS) Beers Criteria® for Potentially Inappropriate Medication (PIM) Use in older adults.<sup>4</sup> The Beer's Criteria states most muscle relaxants (carisoprodol, chlorzoxazone, cyclobenzaprine, metaxalone, methocarbamol, and orphenadrine) are poorly tolerated by older adults.

Side effects of tizanidine include sleepiness, dizziness, dry mouth, reduced blood pressure, and weakness.<sup>1</sup> Tizanidine may have an effect on liver enzymes and the prescribing information recommends liver function tests be conducted the first six months of treatment (e.g., baseline, one, three, and six months) and periodically thereafter. Withdrawal symptoms such as high blood pressure and heart rhythm abnormalities known as tachycardia can occur with abrupt discontinuation of tizanidine. Therefore, when discontinuing, doses should be decreased slowly, particularly in patients who are receiving narcotics or receiving high doses of tizanidine for prolonged periods (nine weeks or longer).

The Official Disability Guidelines (ODG) state that in general muscle relaxants are recommended, prescribing relatively non-sedating muscle relaxants with caution as a second line option for short-term (< 2 weeks) treatment of acute lower back pain and for short-term treatment of acute exacerbations in patients with chronic lower back pain. Pharmaceutical muscle relaxants suppress motor outflow through different mechanisms of action, including drugs like tizanidine, botulinum toxin, baclofen, tolperisone, and methocarbamol. Combining muscle relaxants with analgesics significantly improves treatment effectiveness and allows reduction of drugs doses.<sup>2</sup>

1. Prescribing Information – Zanaflex® – Accessed at: [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2013/021447s011\\_020397s026lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2013/021447s011_020397s026lbl.pdf) on 4/10/2020

2. <https://www.odgbymcg.com/treatment>

3. Practical Pain Management Accessed at: <https://www.practicalpainmanagement.com/treatments/pharmacological/non-opioids/review-skeletal-muscle-relaxants-pain-management>

4. American Geriatrics Society 2019 Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults. By the 2019 American Geriatrics Society Beers Criteria® Update Expert Panel J Am Geriatr Soc 00:1–21, 2019.



## Governmental Activity by State

*Find out more about the governmental updates and potential changes currently being proposed in your state*

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