

ALASKA MEDICAID

AMRIX® (Cyclobenzaprine Extended Release)

Capsules: 15mg and 30mg

Preferred Medication:

NA

Non-Preferred Medication:

NA

INDICATION:

“AMRIX® is indicated as an adjunct to rest and physical therapy for relief of muscle spasm associated with acute, painful musculoskeletal conditions. Improvement is manifested by relief of muscle spasm and its associated signs and symptoms, namely, pain, tenderness, and limitation of motion. AMRIX® should be used only (up to two to three weeks) because adequate evidence of effectiveness for more prolonged use is not available and because muscle spasm associated with acute, painful musculoskeletal conditions is generally of short duration and specific therapy for longer periods is seldom warranted.”¹

CRITERIA FOR APPROVAL:

1. The dispensing pharmacy may override PA for patients in hospice, or who have cancer, or are in a LTC facility; **OR**
2. Treatment with Immediate Release Cyclobenzaprine 5mg or 10mg for at least 5 days has been less than optimal; **AND**
3. The patient is being treated for relief of an acute, painful musculoskeletal condition; **AND**
4. The patient is 18 to 65 years of age.^{1,2}

CRITERIA CAUSING DENIAL:

1. The patient is on any other muscle relaxant.

DISPENSING LIMIT:

1. The dispensing limit is 21 capsules for a 21 day supply.
2. Medication may be approved for 21 days only. No refills will be authorized and a new PA must be requested for each 21 day supply.

REFERENCES / FOOTNOTES:

¹ AMRIX® package insert, available at: <<http://www.amrix.com/pdf/PrescribingInformation.pdf>>
Accessed 05/28/09.

² AMRIX® monograph, Clinical Pharmacology. Accessed 05/28/2009.