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Name(s)

• Generic: cyclobenzaprine (sye kloe BEN za preen) | Brand: Flexeril, Amrix (ER), Fexmid

Therapeutic Category

• Skeletal Muscle Relaxant

Indication(s)

- 1. **Muscle Spasms:** Typically used on a short term basis for treating muscle spasms seen in painful musculoskeletal conditions. Short term duration is being defined as 2-3 weeks of treatment.
- OFF LABEL (Dosing Covered): Fibromyalgia); Temporomandibular disorder

Dosage Form / Strength / Dosing

- Dosage Forms
 - o Capsule ER: (24 hour release) 15 mg, 30 mg
 - o Tablet: 5 mg, 7.5 mg, 10 mg
- Dosing for Muscle Spasms / Musculoskeletal Pain in Adults
 - IR initiated 5 mg po tid schedule or prn w/ one of those doses being at bedtime. If required, may increase from 5 mg to 10 mg po tid scheduled or prn w/ one dose at bedtime.
 - ER dosing initiated at 15 mg po qd w/ more severe patients up to 30 mg po qd
- OFF-LABEL Dosing for Fibromyalgia in Adults
 - mild-to-moderate: IR initiated at 5-10 mg po qhs. Gradual titration prn up to 10-40 mg po 1-3 times daily. If excessive sedation/drowsiness occurs, 5 mg in morning and 10-15 mg at night.
- OFF-LABEL Dosing for Temporomandiubular disorder in Adults
 - IR initiated between 5-10 mg po qhs for 10-14 days. If pain is persistent may increase duration by 7 days.
- Dosing for Muscle Spasms / Musculoskeletal Pain in <u>Pediatrics</u>
 - IR initiated at 5 mg po tid. If required may increase dose to 10 mg po tid for 2-3 weeks max.

Special Populations / Considerations

- Dose adjustments should be made in patients with mild-to-moderate hepatic impairment
- Should be avoided in geriatric (Beers Criteria) but if required dose adjustment should be made due to the drugs prolonged half life in elderly. (higher in males than females)
- Caution in pts currently on MAO inhibitors or those that have used them in the past 14 days
- Pts w/ hyperthyroidism, heart issues (arrhythmia, HF, heart block, MI recovery)
- Main concerns are w/ anticholinergics, CNS depressants, serotonin increasing drugs/products
- Data of usage in pregnancy is limited

Mechanism of Action & Pharmacology

- Both alpha and gamma motor neurons experience a reduction of tonic somatic motor activity. It acts centrally on skeletal muscle. Pharmacologically related to tricyclic antidepressants.
- **Metabolism**: Hepatic (CYP3A4, 1A2, 2D6) and slight degree of enterohepatic recirculation | **Excretion**: Primarily in urine and unchanged in feces | **Onset of Action**: Immediately w/in 1 hour | **Time to Peak**: IR approx 4 hours;



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ER in 7-8 hours | **Duration of Action**: IR in 12-24 hours | **Half-Life Elimination**: Those w/ normal hepatic fxn 8-37 hours. IR approx 18 hours, ER approx 32 hours, impaired hepatic fxn 46.2 hours

Side Effects

• Most often: dizziness, dry mouth, drowsiness, constipation

Drug Interactions

- Alcohol or marijuana will increase the common side effects such as dizziness or drowsiness
- Cyclobenzaprine may increase anticholinergic effects of anticholinergic agents such as hyoscyamine, atropine, glycopyrrolate, clopolamine
- Potentially toxic effects if used w/ tricyclic antidepressants such as amitriptyline, imipramine
- Possibly fatal interaction w/ MAO inhibitors such as linezolid, rasagiline, selegiline
- Serotonin syndrome concerns when used w/ substances that increase serotoinin such as St. Johns wort, street drug MDMA, SSRI antidepressants such a fluoxetine, paroxetine, duloxetine

Monitoring Parameters

• Nothing regularly but gain hx of liver disease, hyperthyroidism, heart issues (irregular heartbeat, HF, recent heart attack), recreational drug usage (MDMA, alcohol, marijuana)

Patient Counseling Information

- Used to relax muscles so be aware of fatigue, dizziness, constipation
- Can be taken w/ or w/o food
- Should be used short-term (3 weeks or less)
- Capsule contents may be sprinkled
- Tablets should be taken whole

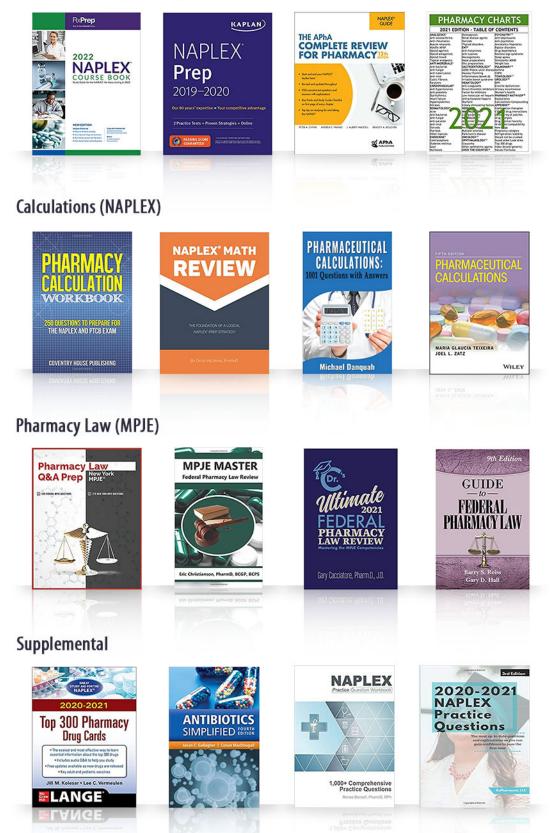
Reference(s)

- https://www.webmd.com/drugs/2/drug-8888-8087/cyclobenzaprine-oral/cyclobenzaprine-oral/details
- <u>https://www.drugs.com/ppa/cyclobenzaprine.html</u>



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Monday at 7 am EST (6 am CST, 4 am PST)

HEY NEW GRAD!

So you landed that perfect job offer or got the perfect match for your PGY1 and now the <u>ONLY</u> thing standing in your way is passing the NAPLEX and MPJE.

Here are some NAPLEX & MPJE prep recommendations to help you do everything you can to **pass the first time!**

HEY STUDENT!

When I was P1 one of the best pieces of advice I got from those before me was to use a NAPLEX Prep book while learning each topic.

This helps focus your learning and the repetition helps to retain info and indirectly prepare you for the NAPLEX

