

# MEDICAL ASSISTANCE BULLETIN

<b>ISSUE DATE</b> August 10, 2009	<b>EFFECTIVE DATE</b> August 3, 2009	<b>NUMBER</b> *See Below
<b>SUBJECT</b> Prior Authorization of Skeletal Muscle Relaxants – Pharmacy Services		<b>BY</b>  Michael Nardone, Deputy Secretary Office of Medical Assistance Programs

**PURPOSE:**

The purpose of this bulletin is to issue updated Prior Authorization of Pharmaceutical Services Handbook pages that include instruction on how to request prior authorization of Skeletal Muscle Relaxants, including the type of medical information needed to evaluate requests for medical necessity.

**SCOPE:**

This bulletin applies to all licensed pharmacies and prescribers that are enrolled in the Medical Assistance (MA) Program and provide services in the fee-for-service (FFS) delivery system including pharmacy services to residents of long term care facilities.

**BACKGROUND:**

The Department of Public Welfare’s (Department) Drug Utilization Review (DUR) Board meets semi-annually to review provider prescribing and dispensing practices for efficacy, safety, and quality and to recommend interventions for prescribers and pharmacists through the Department’s Prospective Drug Use Review (ProDUR) and Retrospective Drug Use Review (RetroDUR) programs.

*01-09-35	09-09-37	27-09-32
02-09-31	11-09-31	30-09-31
03-09-31	14-09-31	31-09-38
08-09-36	24-09-35	32-09-31

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

The appropriate toll free number for your provider type  
 Visit the Office of Medical Assistance Programs Web site at [www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap)

**DISCUSSION:**

During the December 2008 meeting, the DUR Board recommended that the Department should require prior authorization of all drugs that are contraindicated when taken concurrently with a Buprenorphine Agent (Suboxone and Subutex), including Skeletal Muscle Relaxants. The DUR Board also recommended guidelines to determine medical necessity which were subject to public review and comment, and subsequently approved for implementation by the Department.

**PROCEDURE:**

The procedures to request prior authorization of Skeletal Muscle Relaxants and to dispense an emergency supply, when necessary and without prior authorization, are found in SECTION I of the Prior Authorization of Pharmaceutical Services Handbook. The Department will consider elements specified in the clinical review guidelines (which are included in the attached provider handbook pages in SECTION II chapters related to the specific drugs) to determine medical necessity.

As set forth in 55 Pa. Code § 1101.67(a), the procedures described in the handbook pages must be followed to ensure appropriate and timely processing of prior authorization requests for drugs that require prior authorization.

**ATTACHMENTS:**

Prior Authorization of Pharmaceutical Services Handbook - Updated pages

SECTION II  
Skeletal Muscle Relaxants