

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**I. Requirements for Prior Authorization of Skeletal Muscle Relaxants**

A. Prescriptions That Require Prior Authorization

Prescriptions for Skeletal Muscle Relaxants that meet any of the following conditions must be prior authorized:

1. A prescription for a non-preferred Skeletal Muscle Relaxant. See Preferred Drug List (PDL) for the list of preferred Skeletal Muscle Relaxants at:  
[www.providersynergies.com/services/documents/PAM\\_PDL.pdf](http://www.providersynergies.com/services/documents/PAM_PDL.pdf)
2. A prescription for either a preferred or non-preferred Skeletal Muscle Relaxant when a recipient has a concurrent prescription for an Oral Buprenorphine Agent.
3. A prescription for a Skeletal Muscle Relaxant when there is a record of a recent paid claim for another Skeletal Muscle Relaxant in PROMISe, the Department's Claims Adjudication System, (therapeutic duplication)

B. Clinical Review Guidelines and Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a Skeletal Muscle Relaxant, the determination of whether the requested prescription is medically necessary will take into account the following:

1. For a non-preferred Skeletal Muscle Relaxant, whether the recipient has a history of therapeutic failure of the preferred Skeletal Muscle Relaxants
2. For either a preferred or non-preferred Skeletal Muscle Relaxant for a recipient with a concurrent prescription for an Oral Buprenorphine Agent, the physician reviewer will consider whether:
  - a. The prescriptions for the Oral Buprenorphine Agent and the Skeletal Muscle Relaxant are written by the same prescriber or, if written by different prescribers, all prescribers are aware of the other prescription(s)

**AND**

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- b. The recipient has an acute need for therapy with a Skeletal Muscle Relaxant.

3. For therapeutic duplication, whether:

- a. The recipient is being titrated to, or tapered from, a drug in the same class

**OR**

- b. Supporting peer reviewed literature or national treatment guidelines corroborate concomitant use of the medications being requested

**OR**

4. The recipient does not meet the clinical review guidelines listed above but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.

C . Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above, to assess the medical necessity of the request for a prescription for a Skeletal Muscle Relaxant. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription.

The prior authorization request will be referred to a physician reviewer for a medical necessity determination when any of the following occur:

- 1. The guidelines in Section B. are not met

**OR**

- 2. The prescription is for a Skeletal Muscle Relaxant with a concurrent prescription for an Oral Buprenorphine Agent.

Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.

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**References:**

1. Subutex [package insert]. South San Francisco, CA: Genentech, Inc.; September 2006
2. Suboxone [package insert]. South San Francisco, CA: Genentech, Inc.; September 2006
3. Suboxone/Subutex Pharmacist's Letter/Prescriber's Letter 2009;25(1):250101.