

<b>ISSUE DATE</b>  October 31, 2019	<b>EFFECTIVE DATE</b>  January 1, 2020	<b>NUMBER</b>  *See below
<b>SUBJECT</b>  Prior Authorization of Skeletal Muscle Relaxants – Pharmacy Services		<b>BY</b>   Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs

**IMPORTANT REMINDER:** All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISE to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at:  
[http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S\\_001994](http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994).

**PURPOSE:**

The purpose of this bulletin is to issue updated handbook pages that include the requirements for prior authorization and the type of information needed to evaluate the medical necessity of prescriptions for Skeletal Muscle Relaxants submitted for prior authorization.

**SCOPE:**

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance (MA) Program and providing services in the fee-for-service delivery system. Providers rendering services in the MA managed care delivery system should address any questions related to Skeletal Muscle Relaxants to the appropriate managed care organization.

**BACKGROUND/DISCUSSION:**

The Department of Human Services (Department) is updating the medical necessity guidelines for Skeletal Muscle Relaxants to include the following:

*01-19-89	09-19-85	27-19-83	33-19-85
02-19-83	11-19-82	30-19-81	
03-19-82	14-19-81	31-19-88	
08-19-91	24-19-83	32-19-81	

<p><b>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</b></p> <p>The appropriate toll-free number for your provider type</p> <p>Visit the Office of Medical Assistance Programs Web site at  <a href="http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm">http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm</a></p>
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- Clarification that a Skeletal Muscle Relaxant that is subject to the U.S. Drug Enforcement Agency Controlled Substances Act (i.e., controlled substance) requires prior authorization when the beneficiary has a concurrent prescription for a buprenorphine agent indicated for the treatment of opioid use disorder;
- Clarification that a review for medical necessity of a non-preferred Skeletal Muscle Relaxant will take into account the beneficiary's diagnosis;
- Specify that prescriptions for agents in this class that exceed the quantity limits established by the Department require prior authorization; and
- Addition of a guideline that the prescriber or the prescriber's delegate conducted a search of the Pennsylvania Prescription Drug Monitoring Program for the beneficiary's controlled substance prescription history when prescribing an Skeletal Muscle Relaxant that is subject to the U.S. Drug Enforcement Agency Controlled Substances Act (i.e., controlled substance).

The revisions to the guidelines to determine medical necessity of Skeletal Muscle Relaxants were subject to public review and comment and subsequently approved for implementation by the Department.

#### **PROCEDURE:**

The procedures for prescribers to request prior authorization of Skeletal Muscle Relaxants are located in SECTION I of the Prior Authorization of Pharmaceutical Services Handbook. The Department will take into account the elements specified in the clinical review guidelines (which are included in the provider handbook pages in the SECTION II chapter related to Skeletal Muscle Relaxants) when reviewing the prior authorization request 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

#### **RESOURCES:**

Prior Authorization of Pharmaceutical Services Handbook – SECTION I  
Pharmacy Prior Authorization General Requirements

<http://www.dhs.pa.gov/provider/pharmacyservices/pharmacypriorauthorizationgeneralrequirements/index.htm>

Prior Authorization of Pharmaceutical Services Handbook – SECTION II  
Pharmacy Prior Authorization Guidelines

<http://www.dhs.pa.gov/provider/pharmacyservices/drugsrequiringclinicalpriorauthorization/index.htm>

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 non-preferred Skeletal Muscle Relaxant. See the Preferred Drug List (PDL) for the list of preferred Skeletal Muscle Relaxants at: <https://papdl.com/preferred-drug-list>.
2. A Skeletal Muscle Relaxant with a prescribed quantity that exceeds the quantity limit. The list of drugs that are subject to quantity limits, with accompanying quantity limits, is available at: <http://www.dhs.pa.gov/provider/pharmacyservices/quantitylimitslist/index.htm>.
3. A Skeletal Muscle Relaxant that is subject to the U.S. Drug Enforcement Agency Controlled Substances Act (i.e., controlled substance) when the beneficiary has a concurrent prescription for a buprenorphine agent indicated for the treatment of opioid use disorder.
4. A Skeletal Muscle Relaxant when there is a record of a paid claim for another Skeletal Muscle Relaxant in the Department of Human Services' Point-of-Sale Online Claims Adjudication System (therapeutic duplication).

**B. 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 whether the beneficiary:

1. For a non-preferred Skeletal Muscle Relaxant, has a history of therapeutic failure, contraindication, or intolerance to the preferred Skeletal Muscle Relaxants approved or medically accepted for the beneficiary's diagnosis; **AND**
2. For a Skeletal Muscle Relaxant that is a controlled substance for a beneficiary with a concurrent prescription for a buprenorphine agent indicated for the treatment of opioid use disorder, **both** of the following:
  - a. Is prescribed the buprenorphine agent and the Skeletal Muscle Relaxant by the same prescriber or, if prescribed by different prescribers, all prescribers are aware of the other prescription(s)
  - b. Has an acute need for therapy with the Skeletal Muscle Relaxant;

**AND**

3. For a Skeletal Muscle Relaxant that is a controlled substance, has documentation that the prescriber or the prescriber's delegate conducted a search of the Pennsylvania Prescription Drug Monitoring Program for the beneficiary's controlled substance prescription history;

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**AND**

4. For therapeutic duplication, **one** of the following:
  - a. Is being titrated to or tapered from a drug in the same class
  - b. Has a medical reason for concomitant use of the requested medications that is supported by peer-reviewed literature or national treatment guidelines;

**AND**

5. If a prescription for a Skeletal Muscle Relaxant is for a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in the Quantity Limits Chapter.

NOTE: If the beneficiary 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 beneficiary, the request for prior authorization will be approved.

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 a prescription for a Skeletal Muscle Relaxant. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. 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 beneficiary.