## Prior Authorization Review Panel

**CHC-MCO Policy Submission**

A separate copy of this form must accompany each policy submitted for review.
Policies submitted without this form will not be considered for review.

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|---|---|
| **Plan: PA Health & Wellness** | **Submission Date: N/A** |
| **Policy Number: PHW.PDL.116** | **Effective Date: 01/01/2020**<br>**Revision Date: 01/2021** |
| **Policy Name: Skeletal Muscle Relaxants** | |

**Type of Submission – Check all that apply:**

- ☐ **New Policy**
- ☐ **Revised Policy***
- ✓ **Annual Review - No Revisions**
- ✓ **Statewide PDL -** *Select this box when submitting policies for Statewide PDL implementation and when submitting policies for drug classes included on the Statewide PDL.*

***All revisions to the policy must be highlighted using track changes throughout the document.**

**Please provide any changes or clarifying information for the policy below:**

Q1 2021 annual review: no changes.

| | |
|---|---|
| **Name of Authorized Individual (Please type or print):**<br><br>**Auren Weinberg, MD** | **Signature of Authorized Individual:**  |

# Clinical Policy: Skeletal Muscle Relaxants

Reference Number: PHW.PDL.116
Effective Date: 01/01/2020
Last Review Date: 01/2021

Revision Log

**Policy/Criteria**
*Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.*

It is the policy of health plans affiliated with PA Health and Wellness® that Skeletal Muscle Relaxants is **medically necessary** when the following criteria are met:

## 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.

2. A Skeletal Muscle Relaxant with a prescribed quantity that exceeds the quantity limit.

3. A Skeletal Muscle Relaxant that is subject to the U.S. Drug Enforcement Agency (DEA) Controlled Substances Act (CSA) (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 DHS' 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 subject to the U.S. Drug Enforcement Agency (DEA) Controlled Substances Act (CSA) (i.e., controlled substance), has documentation that the prescriber or the prescriber's delegate conducted a search of the Pennsylvania Prescription Drug Monitoring Program (PDMP) for the beneficiary's controlled substance prescription history; **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 PA.CP.PMN.59 Quantity Limit Override.

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.

D. **Approval Duration: 12 months**

| Reviews, Revisions, and Approvals | Date |
|---|---|
| Policy created | 01/01/2020 |
| Q3 2020 annual review: no changes. | 07/2020 |
| Q1 2021 annual review: no changes. | 01/2021 |