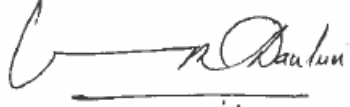


**Prior Authorization Review Panel**

**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.

<b>Plan: PA Health &amp; Wellness</b>	<b>Submission Date: 11/2021</b>
<b>Policy Number: PHW.PDL.006</b>	<b>Effective Date: 01/01/2020</b> <b>Revision Date: 10/2021</b>
<b>Policy Name: Bladder Relaxant Preparations</b>	
<p><b>Type of Submission – <u>Check all that apply:</u></b></p> <p> <input type="checkbox"/> New Policy  <input checked="" type="checkbox"/> Revised Policy*  <input type="checkbox"/> Annual Review - No Revisions  <input checked="" type="checkbox"/> <b>Statewide PDL</b> - <i>Select this box when submitting policies for Statewide PDL implementation and when submitting policies for drug classes included on the Statewide PDL.</i> </p>	
<p><b>*All revisions to the policy <u>must</u> be highlighted using track changes throughout the document.</b></p> <p><b>Please provide any changes or clarifying information for the policy below:</b></p> <p>Q1 2022 annual review: policy revised according to DHS revisions effective 01/03/2022</p>	
<p><b>Name of Authorized Individual (Please type or print):</b></p> <p>Venkateswara R. Davuluri, MD</p>	<p><b>Signature of Authorized Individual:</b></p> 

## Clinical Policy: Bladder Relaxant Preparations

Reference Number: PHW.PDL.006

Effective Date: 01/01/2020

Last Review Date: 10/2021

[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<sup>®</sup> that Bladder Relaxant Preparations are **medically necessary** when the following criteria are met:

### I. Requirements for Prior Authorization of Bladder Relaxant Preparations

#### A. Prescriptions That Require Prior Authorization

1. A non-preferred Bladder Relaxant Preparation. See the Preferred Drug List (PDL) for the list of preferred Bladder Relaxant Preparations at: <https://papdl.com/preferred-drug-list>.
2. A Bladder Relaxant Preparation with a prescribed quantity that exceeds the quantity limit.
3. A urinary antispasmodic Bladder Relaxant Preparation there is a record of a recent paid claim urinary antispasmodic Bladder Relaxant Preparation (therapeutic duplication).
4. A urinary beta-3 agonist Bladder Relaxant Preparation there is a record of a recent paid claim beta-3 agonist Bladder Relaxant Preparation (therapeutic duplication).

#### B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a Bladder Relaxant Preparation, the determination of whether the requested prescription is medically necessary will take into account whether the member:

1. For a non-preferred Bladder Relaxant Preparation, has a history of a contraindication, intolerance to, or therapeutic failure of the preferred Bladder Relaxant Preparations;

**AND**

2. For therapeutic duplication, **one** of the following:
  - a. For a urinary antispasmodic Bladder Relaxant Preparation, is being titrated to or tapered from another urinary antispasmodic Bladder Relaxant Preparation,

- b. For a urinary beta-3 agonist Bladder Relaxant Preparation, is being titrated to or tapered from another urinary beta-3 agonist Bladder Relaxant Preparation,
- c. Has a medical reason for concomitant use of the requested medications that is supported by peer-reviewed literature or national treatment guidelines

**AND**

3. If a prescription for a Bladder Relaxant Preparation is in 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 PA.CP.PMN.59 Quantity Limit Override.

NOTE: If the member does not meet the clinical review guidelines above but, in the professional judgement of the physician reviewer, the services are medically necessary to meet the medical needs of the member, 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 guideline in Section B. above, to assess the medical necessity of the request for a prescription for a non-preferred Bladder Relaxant Preparation. If the guideline in Section B. is met, the reviewer will prior authorize the prescription. If the guideline is 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 recipient.

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
Q1 2022 annual review: policy revised according to DHS revisions effective 01/03/2022	10/2021