

Clinical Policy: Skeletal Muscle Relaxants

Reference Number: PHW.PDL.116

Effective Date: 01/01/2020

Last Review Date: 11/2025

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 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. 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.
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 member has a concurrent prescription for a buprenorphine agent indicated for the treatment of opioid use disorder.

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 member:

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 member's diagnosis; **AND**
2. For a Skeletal Muscle Relaxant that is a controlled substance for a member 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. 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 member 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 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 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 member.

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: revised according to DHS revisions effective 01/03/2022.	10/2021
Q1 2023 annual review: no changes.	11/2022
Q1 2024 annual review: no changes.	11/2023
Q1 2025: policy revised according to DHS revisions effective 01/06/2025.	11/2024
Q1 2026 annual review: no changes.	11/2025