



ISSUE DATE October 28, 2011	EFFECTIVE DATE December 12, 2011	NUMBER *See Below
---------------------------------------	--	-----------------------------

SUBJECT Prior Authorization of Skeletal Muscle Relaxants – Pharmacy Services	BY  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs
---	--

IMPORTANT REMINDER: If you submit HIPAA compliant electronic healthcare claim transactions to the department, you need to be prepared for the ANSI X12 v5010 and NCPDP vD.0 upgrades in order to prevent the rejection of your claims. The CMS mandated compliance date for all covered entities to use the new standards is January 1, 2012. For additional information, visit the DPW website at:
<http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/softwareandservicevendors/hipaa5010d.0upgradeinformation/index.htm>

PURPOSE:

The purpose of this bulletin is to:

1. Inform providers that the Department of Public Welfare (Department) will require prior authorization of prescriptions for Skeletal Muscle Relaxants when the MA recipient is prescribed more than one Skeletal Muscle Relaxant within a 30 day period (therapeutic duplication), effective December 12, 2011.
2. Issue updated handbook pages that include instructions on how to request prior authorization of prescriptions for Skeletal Muscle Relaxants that require prior authorization, including the type of medical information needed to evaluate requests for medical necessity.

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 (FFS) delivery system, including pharmacy services to residents of long term care facilities.

*01-11-50	09-11-50	27-11-48	
02-11-44	11-11-44	30-11-44	
03-11-45	14-11-45	31-11-49	
08-11-52	24-11-51	32-11-44	33-11-12

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type

Visit the Office of Medical Assistance Programs Web site at www.dpw.state.pa.us/PartnersProviders

BACKGROUND:

The Department's Drug Utilization Review (DUR) Board meets semi-annually to review provider prescribing and dispensing practices for efficacy, safety, and quality and to recommend interventions for prescribers and pharmacists through the Department's Prospective Drug Use Review (ProDUR) and Retrospective Drug Use Review (RetroDUR) programs.

DISCUSSION:

The DUR Board previously identified a potential risk to a patient's health and safety if the patient is taking more than one drug within the same therapeutic class and recommended that the Department require prior authorization of prescriptions that represent duplicate therapy. The Board recommended that the requirement for prior authorization of duplicate therapy apply to all age groups. The Department agreed with the DUR Board's recommendations and the requirement for prior authorization of therapeutic duplication. Therapeutic duplication occurs when the MA recipient is taking more than one medication within the same therapeutic class. PROMISe, the Department's on-line claims adjudication system, will determine if there is a record of a recent paid claim for another drug within the same therapeutic class of drugs as the new claim to determine duplicate therapy. The Department is phasing in the implementation of the requirement for prior authorization of duplicate therapy by classes of drugs. This requirement for Skeletal Muscle Relaxants will be implemented on December 12, 2011 for all age groups.

The DUR Board also recommended guidelines to determine medical necessity of duplicate therapy which were subject to public review and comment, and subsequently approved for implementation by the Department. The requirements for prior authorization and clinical review guidelines to determine the medical necessity of more than one drug within the same therapeutic class are included in the attached updated provider handbook pages.

The Department recognizes that therapeutic duplication can occur during therapy titration. PROMISe has been programmed to recognize dose titration associated with initiation of therapy based upon the MA recipient's paid claims history so that MA recipients can receive their medications without prior authorization during transition periods.

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) in 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](#)

SECTION II

Skeletal Muscle Relaxants