


<b>ISSUE DATE</b>  December 5, 2019	<b>EFFECTIVE DATE</b>  January 1, 2020	<b>NUMBER</b>  *See below
<b>SUBJECT</b>  Prior Authorization of Antipsoriatics, Topical – 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: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMISe-Enrollment.aspx>.

**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 Antipsoriatics, Topical 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 Antipsoriatics, Topical to the appropriate managed care organization.

**BACKGROUND/DISCUSSION:**

The Department of Human Services (Department) is updating the medical necessity guidelines for Antipsoriatics, Topical to update the format of the guidelines. There are no other changes to the medical necessity guidelines.

*01-19-105	09-19-101	27-19-100	33-19-102
02-19-99	11-19-98	30-19-97	
03-19-98	14-19-97	31-19-105	
08-19-108	24-19-100	32-19-97	

<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="https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx</a>.</p>
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The revisions to the guidelines to determine medical necessity of Antipsoriatics, Topical 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 Antipsoriatics, Topical 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 Antipsoriatics, Topical) 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

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**I. Requirements for Prior Authorization of Antipsoriatics, Topical**

A. Prescriptions That Require Prior Authorization

Prescriptions for a non-preferred Antipsoriatic, Topical must be prior authorized.

See the Preferred Drug List for the list of preferred Antipsoriatics, Topical at:  
<https://papdl.com/preferred-drug-list>.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a non-preferred Antipsoriatic, Topical, the determination of whether the requested prescription is medically necessary will take into account whether the beneficiary:

1. Has a history of therapeutic failure, contraindication, or intolerance of the preferred Antipsoriatics, Topical.

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 an Antipsoriatic, Topical. 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.