

ISSUE DATE October 25, 2019	EFFECTIVE DATE January 1, 2020	NUMBER *See below
SUBJECT Prior Authorization of Ophthalmics, Allergic Conjunctivitis (Formerly Ophthalmic Agents for Allergic Conjunctivitis) – Pharmacy Services		BY  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:
http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994.

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 Ophthalmics, Allergic Conjunctivitis 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 Ophthalmics, Allergic Conjunctivitis to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

*01-19-72	09-19-68	27-19-66	33-19-68
02-19-66	11-19-65	30-19-64	
03-19-65	14-19-64	31-19-71	
08-19-74	24-19-66	32-19-64	

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
<http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm>

The Department of Human Services (Department) is changing the title of the Ophthalmic Agents for Allergic Conjunctivitis class of drugs to Ophthalmics, Allergic Conjunctivitis and is revising the medical necessity guidelines to clarify that contraindications will be taken into account when reviewing a request for prior authorization of a non-preferred Ophthalmic, Allergic Conjunctivitis. There are no other changes to the medical necessity guidelines.

PROCEDURE:

The procedures for prescribers to request prior authorization of Ophthalmics, Allergic Conjunctivitis 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 Ophthalmics, Allergic Conjunctivitis) 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

RESOURCES:

Prior Authorization of Pharmaceutical Services Handbook – SECTION I
Pharmacy Prior Authorization General Requirements

<http://www.dhs.pa.gov/provider/pharmacyservices/pharmacypriorauthorizationgeneralrequirements/index.htm>

Prior Authorization of Pharmaceutical Services Handbook – SECTION II
Pharmacy Prior Authorization Guidelines

<http://www.dhs.pa.gov/provider/pharmacyservices/drugsrequiringclinicalpriorauthorization/index.htm>

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Ophthalmics, Allergic Conjunctivitis

A. Prescriptions That Require Prior Authorization

Prescriptions for a non-preferred Ophthalmic, Allergic Conjunctivitis must be prior authorized.

See the Preferred Drug List (PDL) for the list of preferred Ophthalmics, Allergic Conjunctivitis 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 Ophthalmic, Allergic Conjunctivitis, the determination of whether the requested prescription is medically necessary will take into account the whether the beneficiary:

1. Has a history of therapeutic failure, contraindication, or intolerance to the preferred Ophthalmics, Allergic Conjunctivitis.

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 non-preferred Ophthalmic, Allergic Conjunctivitis. 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.