



<b>ISSUE DATE</b>  April 27, 2017	<b>EFFECTIVE DATE</b>  May 1, 2017	<b>NUMBER</b>  *See Below
<b>SUBJECT</b>  Prior Authorization of Ophthalmic Immunomodulators – Pharmacy Services		<b>BY</b>   Leesa M. Allen, Deputy Secretary Office of Medical Assistance Programs

**New 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](http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994).

**PURPOSE:**

The purpose of this bulletin is to issue handbook pages that include the requirements for prior authorization and the type of information needed to evaluate requests for prior authorization of prescriptions for Ophthalmic Immunomodulators for medical necessity.

**SCOPE:**

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance Program and providing services in the fee-for-service delivery system, including pharmacy services to residents of long-term care facilities.

**BACKGROUND:**

The Department of Human Services’ (DHS) Pharmacy and Therapeutics (P&T) Committee meets semi-annually to review published peer-reviewed clinical literature and make recommendations relating to new drugs in therapeutic classes already included in the Preferred Drug List (PDL), changes in the status of drugs on the PDL from preferred to non-preferred and non-preferred to preferred, new quantity limits, and classes of drugs to be added to or deleted from the PDL. The P&T Committee also recommends new guidelines or modifications to existing guidelines to evaluate requests for prior authorization of prescriptions for medical necessity.

*01-17-19	09-17-18	27-17-17	
02-17-17	11-17-17	30-17-18	
03-17-17	14-17-17	31-17-19	
08-17-19	24-17-17	32-17-17	33-17-18

<p><b>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</b></p> <p style="text-align: center;">The appropriate toll free number for your provider type</p> <p style="text-align: center;">Visit the Office of Medical Assistance Programs Web site at  <a href="http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm">http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm</a></p>
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**DISCUSSION:**

During the November 10, 2016 meeting, the P&T Committee reviewed and approved a separate handbook chapter for Ophthalmic Immunomodulators. The requirement for prior authorization and the guidelines to determine medical necessity of Ophthalmic Immunomodulators were previously included in the Ophthalmic Anti-Inflammatories handbook chapter. The introduction of a new agent in this class of drugs supports a separate handbook chapter. The new chapter does not change the requirement for prior authorization or the clinical review guidelines to determine the medical necessity of Ophthalmic Immunomodulators that are now included in the attached provider handbook pages.

**PROCEDURE:**

The procedures for prescribers to request prior authorization of Ophthalmic Immunomodulators are located in SECTION I of the Prior Authorization of Pharmaceutical Services Handbook. DHS 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 Ophthalmic Immunomodulators) 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

SECTION II  
Ophthalmic Immunomodulators

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**I. Requirements for Prior Authorization of Ophthalmic Immunomodulators**

A. Prescriptions That Require Prior Authorization

Prescriptions for Ophthalmic Immunomodulators that meet any of the following conditions must be prior authorized:

1. A prescription for a non-preferred Ophthalmic Immunomodulator, regardless of the quantity prescribed. See Preferred Drug List (PDL) for the list of preferred Ophthalmic Anti-Inflammatories at:  
<http://www.dhs.pa.gov/provider/pharmacyservices/preferreddruglistinformation/>
2. A prescription for a preferred Ophthalmic Immunomodulator with a prescribed quantity that exceeds the quantity limit. See Quantity Limits for the list of drugs with quantity limits at:  
<http://dhs.pa.gov/provider/pharmacyservices/quantitylimitslist/index.htm>

B. Review of Documentation for Medical Necessity

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

1. Whether the recipient has a documented history of therapeutic failure, intolerance, or contraindication of the preferred Ophthalmic Immunomodulators

**OR**

2. Whether the recipient does not meet the clinical review guidelines above, but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.

In addition, if a prescription for a non-preferred Ophthalmic Immunomodulator 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 Quantity Limits Chapter.

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

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 the request for a prescription for a non-preferred Ophthalmic Immunomodulator. 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 recipient.