

## Clinical Policy: Antipsoriatics, Topical

Reference Number: PHW.PDL.147

Effective Date: 01/01/2020

Last Review Date: 11/2023

[Revision Log](#)

### 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 & Wellness<sup>®</sup> that Topical Antipsoriatics are **medically necessary** when the following criteria are met:

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

#### A. Prescriptions That Require Prior Authorization

Prescriptions for Antipsoriatics, Topical that meet the following conditions must be prior authorized:

1. A non-preferred Antipsoriatic, Topical.
2. A topical aryl hydrocarbon (AhR) receptor agonist.
3. A topical phosphodiesterase type 4 (PDE4) inhibitor.

#### B. Clinical Review Guidelines and Review of Documentation for Medical Necessity

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

1. Is prescribed the Antipsoriatic, Topical for the treatment of a diagnosis that is indicated in the U.S. Food and Drug Administration (FDA)-approved package labeling OR a medically accepted indication; **AND**
2. Is age-appropriate according to FDA-approved package labeling, national compendia, or peer-reviewed medical literature; **AND**
3. Does not have a contraindication to the prescribed Antipsoriatic, Topical; **AND**
4. For a topical AhR agonist, both of the following:
  - a. Has a history of therapeutic failure of or a contraindication or an intolerance to a 4-week trial of a topical corticosteroid approved or medically accepted for the treatment of the beneficiary's diagnosis;

- b. Has a history of therapeutic failure of or a contraindication or an intolerance to an 8-week trial of a topical calcineurin inhibitor approved or medically accepted for the treatment of the beneficiary’s diagnosis;
- 5. For a topical PDE4 inhibitor, both of the following:
  - a. Has a history of therapeutic failure of or a contraindication or an intolerance to a 4-week trial of a topical corticosteroid approved or medically accepted for the treatment of the beneficiary’s diagnosis
  - b. Has a history of therapeutic failure of or a contraindication or an intolerance to an 8-week trial of a topical calcineurin inhibitor approved or medically accepted for the treatment of the beneficiary’s diagnosis;
- 6. For all other non-preferred Antipsoriatics, Topical, has a history of therapeutic failure, contraindication or intolerance to the preferred Antipsoriatics, Topical approved or medically accepted for the treatment of the beneficiary’s diagnosis.

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 the request for 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 recipient.

**D. Approval Duration: duration of request or 6 months (whichever is less)**

Reviews, Revisions, and Approvals	Date
Policy created	09/01/2019
Q3 2020 annual review: no changes.	07/2020
Q1 2021 annual review: no changes.	01/2021
Q1 2023 annual review: policy revised according to DHS revisions effective 01/09/2023	10/2022
Q1 2024 annual review: no changes.	11/2023