Clinical Policy: Antibiotics, Topical

Reference Number: PHW.PDL.114
Effective Date: 01/01/2020
Last Review Date: 11/2025

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® that Antibiotics, Topical are **medically necessary** when the following criteria are met:

I. Requirements for Prior Authorization of Antibiotics, Topical

A. Prescriptions That Require Prior Authorization

Prescriptions for Antibiotics, Topical that meet the following conditions must be prior authorized.

1. A prescription for a non-preferred Antibiotic, Topical.

B. Review of Documentation for Medical Necessity

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

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

NOTE: If the member 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 member, 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 a non-preferred Antibiotic, 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 member.

D. **Approval Duration:**
   - **New request: duration of request or 6 months (whichever is less)**
   - **Renewal request: duration of request or 12 months (whichever is less)**

Reviews, Revisions, and Approvals	Date
Policy created	01/01/2020
Q3 2020 annual review: no changes.	07/2020
Q1 2021 annual review: no changes.	01/2021
Q3 2022: Updated wording per DHS	07/2022
Q1 2023 annual review: no changes.	11/2022
Q1 2024 annual review: no changes.	11/2023
Q1 2025 annual review: no changes.	11/2024
Q1 2026 annual review: no changes.	11/2025