

PSO Prior Authorization Guidelines

In general, the following criteria need to be met to obtain prior authorization approval for immunological disease state:

- Patients previous trial and failure with step therapy requirements of the following:
 - Topical agents (Taclonex®); Phototherapy (UVA or UVB); Oral Systemic Agents (Methotrexate)
- Patient is contraindicated or intolerant to any of the step therapy requirements. This must be provided through supporting documentation in the chart notes or laboratory tests. (e.g. Methotrexate is contraindicated in patients with active liver disease or female patients who are pregnant)
- Patients chart notes or medical history that outlines signs and symptoms of the disease
 - Skin changes, such as silvery scales or flakiness, for PSO patients
- TB test results required for any Biologic that is being prescribed. The TB test results must be negative and the date the patient was tested must be provided.
- Patient must not have an active infection, or actively being treated for an infection when a Biologic is prescribed.
- In the event an oral medication is prescribed, such as Otezla®, documentation must indicate that the patient has had a trial and failure with a self-injectable or a contraindication to a self-injectable medication.
- Laboratory test(s) required for disease severity:
 - BSA% is needed for PSO patients
- If a patient has more than one diagnosis, the primary ICD10 code will need to indicated. All other ICD10 codes will be provided as supportive documentation to insurance (e.g. A patient can be diagnosed with Psoriasis and Psoriatic Arthritis at any given time)

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