

<b>ISSUE DATE</b> August 5, 2014	<b>EFFECTIVE DATE</b> July 22, 2014	<b>NUMBER</b> *See below	
<b>SUBJECT</b>  Prior Authorization of Acne Agents, Oral - Pharmacy Services		<b>BY</b>   Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs	

**PURPOSE:**

The purpose of this bulletin is to issue updated handbook pages that include instructions on how to request prior authorization of prescriptions for Acne Agents, Oral, including the type of medical information needed to evaluate requests for medical necessity.

**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 (FFS) delivery system, including pharmacy services to residents of long term care facilities.

**BACKGROUND/DISCUSSION:**

The Department of Public Welfare (Department) revised the clinical review process to consider cost when authorizing prescriptions for non-preferred Acne Agents, Oral determined to be therapeutically equivalent to other, less costly non-preferred Acne Agents, Oral. The updated clinical review process was subject to public review and comment, and subsequently approved for implementation by the Department. The requirements for prior authorization, clinical review guidelines, and clinical review process to determine the medical necessity of prescriptions for Acne Agents, Oral are included in the attached updated provider handbook pages.

**PROCEDURE:**

The procedures for prescribers to request prior authorization of Acne Agents, Oral are located in SECTION I of the Prior Authorization of Pharmaceutical Services Handbook. The

*01-14-27	09-14-22	27-14-20	33-14-21
02-14-19	11-14-19	30-14-19	
03-14-22	14-14-19	31-14-25	
08-14-23	24-14-19	32-14-19	

**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.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm>

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 chapters related to Acne Agents, Oral) 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  
Acne Agents, Oral