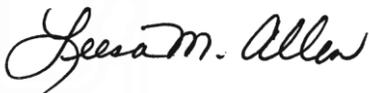


<b>ISSUE DATE</b> July 5, 2016	<b>EFFECTIVE DATE</b> July 11, 2016	<b>NUMBER</b> *See below
<b>SUBJECT</b>  Prior Authorization of Tetracyclines - Pharmacy Services		<b>BY</b>   Leesa M. Allen, Deputy Secretary Office of Medical Assistance Programs

**IMPORTANT REMINDER:** All providers must revalidate their MA enrollment every 5 years. Providers should log into PROMISE to check their revalidation date and submit a revalidation application at least 60 days prior. 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). Providers who enrolled on or before SEPTEMBER 25, 2011 must complete the revalidation process as soon as possible. DHS must complete the revalidation for all providers enrolled on or before September 25, 2011 by September 25, 2016.

**PURPOSE:**

The purpose of this bulletin is to issue updated handbook pages that include the type of information needed to evaluate requests for prior authorization of prescriptions for Tetracyclines 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 Human Services (Department) is changing the title of the Acne Agents, Oral class of drugs to Tetracyclines. There are no other changes to the guidelines to determine medical necessity.

*01-16-25	09-16-23	27-16-23	
02-16-22	11-16-22	30-16-22	
03-16-22	14-16-23	31-16-27	
08-16-23	24-16-25	32-16-21	33-16-22

<p><b>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</b></p> <p>The appropriate toll free number for your provider type</p> <p>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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**PROCEDURE:**

The procedures for prescribers to request prior authorization of Tetracyclines are located in SECTION I of the Prior Authorization of Pharmaceutical Services Handbook. The 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 chapter related to Tetracyclines) 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  
Tetracyclines

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**I. Requirements for Prior Authorization of Tetracyclines (Formerly Acne Agents, Oral)**

A. Prescriptions That Require Prior Authorization

Prescriptions for Tetracyclines that meet the following condition must be prior authorized:

1. A prescription for a non-preferred Tetracycline. See Preferred Drug List (PDL) for the list of preferred Tetracyclines at: [www.papdl.com](http://www.papdl.com)

B. Review of Documentation for Medical Necessity

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

1. Has a documented history of therapeutic failure, contraindication or intolerance of the preferred Tetracyclines.

**OR**

2. 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 recipient.

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 Tetracyclines. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription. When the non-preferred Tetracycline being prescribed is therapeutically equivalent to other non-preferred Tetracyclines, the reviewer will take into account the cost of the drug, including the Federal Drug Rebate Program rebate. The reviewer will prior authorize a prescription for the least costly, therapeutically equivalent, non- preferred Tetracycline. If the guidelines are not met, or if the prescriber does not agree to the therapeutically equivalent non-preferred Tetracycline authorized by the reviewer, 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

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.