

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Acne Agents, Topical

A. Prescriptions That Require Prior Authorization

Prescriptions for Acne Agents, Topical that meet any of the following conditions must be prior authorized:

1. A prescription for a non-preferred Acne Agent, Topical. See Preferred Drug List (PDL) Attachment 1 in the PDL Chapter for the list of preferred Acne Agents, Topical.
2. Specified preferred and non-preferred Acne Agents, Topical when prescribed for a recipient age 21 years or older. These include medications with the potential for cosmetic use, such as those with an active ingredient of topical tretinoin, adapalene, azelaic acid, or tazarotene)

B. Review of Documentation for Medical Necessity

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

1. For all non-preferred Acne Agents, Topical, whether the recipient has a history of a therapeutic failure or intolerance of the preferred Acne Agents, Topical
2. For specified preferred and non-preferred Acne Agents, Topical listed in Section A.2. when prescribed for a recipient age 21 years or older, whether the recipient has a diagnosis that confirms that treatment is for a non-cosmetic indication such as, but not limited to, acne, rosacea, and plaque psoriasis

C. Automated Prior Authorization Approvals

Prior authorization of a prescription for an Acne Agent, Topical will be automatically approved when:

1. A non-preferred Acne Agent, Topical is prescribed for a recipient under age 21 years of age and the PROMISE Point-of-Sale On-Line Claims Adjudication System verifies a record of paid claim(s) within 180 days prior to the date of service that documents that the guideline to determine medical necessity listed in Section B. 1. has been met

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

2. A specified preferred or a non-preferred Acne Agent, Topical is prescribed for a recipient age 21 years or older and the PROMISe Point-of-Sale On-Line Claims Adjudication System verifies a record of a paid claim within 180 days prior to the date of service that documents that the guidelines to determine medical necessity listed in Section B. have been met

Automated prior authorization does not apply to non-preferred Acne Agents, Topical when combined with other products.

D. 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 Acne Agent, 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 service is medically necessary to meet the medical needs of the recipient.