


<b>ISSUE DATE</b>  October 17, 2019	<b>EFFECTIVE DATE</b>  January 1, 2020	<b>NUMBER</b>  *See below
<b>SUBJECT</b>  Prior Authorization of Acne Agents, Topical – Pharmacy Services		<b>BY</b>   Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs

**IMPORTANT REMINDER:** All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISE to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. 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).

**PURPOSE:**

The purpose of this bulletin is to issue updated handbook pages that include the requirements for prior authorization and the type of information needed to evaluate the medical necessity of prescriptions for Acne Agents, Topical submitted for prior authorization.

**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 delivery system. Providers rendering services in the MA managed care delivery system should address any questions related to Acne Agents, Topical to the appropriate managed care organization.

**BACKGROUND/DISCUSSION:**

The Department of Human Services (Department) is updating the medical necessity guidelines for Acne Agents, Topical to allow for the determination of medical necessity of prescriptions for agents in this class that exceed the quantity limits established by the

*01-19-87	09-19-83	27-19-81	33-19-83
02-19-81	11-19-80	30-19-79	
03-19-80	14-19-79	31-19-86	
08-19-89	24-19-81	32-19-79	

**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.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm>

Department and to clarify the agents that are eligible for automatic prior authorization approval. There are no other changes to the medical necessity guidelines.

The revisions to the guidelines to determine medical necessity of Acne Agents, Topical were subject to public review and comment and subsequently approved for implementation by the Department.

**PROCEDURE:**

The procedures for prescribers to request prior authorization of Acne Agents, Topical 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 Acne Agents, Topical) 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

**RESOURCES:**

Prior Authorization of Pharmaceutical Services Handbook – SECTION I  
Pharmacy Prior Authorization General Requirements

<http://www.dhs.pa.gov/provider/pharmacyservices/pharmacypriorauthorizationgeneralrequirements/index.htm>

Prior Authorization of Pharmaceutical Services Handbook – SECTION II  
Pharmacy Prior Authorization Guidelines

<http://www.dhs.pa.gov/provider/pharmacyservices/drugsrequiringclinicalpriorauthorization/index.htm>

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 non-preferred Acne Agent, Topical. See the Preferred Drug List (PDL) for the list of preferred Acne Agents, Topical at: <https://papdl.com/preferred-drug-list>.
2. An Acne Agent, Topical that contains a topical retinoic acid derivative or azelaic acid when prescribed for a beneficiary age 21 years or older.
3. An Acne Agent, Topical with a prescribed quantity that exceeds the quantity limit. The list of drugs that are subject to quantity limits, with accompanying quantity limits, is available at: <http://www.dhs.pa.gov/provider/pharmacyservices/quantitylimitslist/index.htm>.

**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 whether the beneficiary:

1. For a non-preferred Acne Agent, Topical, has a history of therapeutic failure, contraindication, or intolerance to the preferred Acne Agents, Topical; **AND**
2. For specified preferred and non-preferred Acne Agents, Topical listed in Section A.2. when prescribed for a beneficiary age 21 years or older, has a diagnosis that confirms the treatment is for a non-cosmetic indication, such as, but not limited to, acne, rosacea, or plaque psoriasis; **AND**
3. If a prescription for an Acne Agent, Topical is for a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in the Quantity Limits Chapter.

NOTE: If the beneficiary 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 beneficiary, 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 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

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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 beneficiary.

D. Automated Prior Authorization

Prior authorization of an Acne Agent, Topical will be automatically approved when **one** of the following is met:

1. A non-preferred Acne Agent, Topical is prescribed for a beneficiary under the age of 21 years and the Point-of-Sale On-Line Claims Adjudication System verifies a record of a paid claim(s) within 180 days prior to the date of service that documents that the guidelines to determine medical necessity have been met. NOTE: Automated prior authorization does not apply to non-preferred Acne Agents, Topical combination products that contain an antibiotic and benzoyl peroxide.
2. An Acne Agent, Topical with the potential for cosmetic use, such as those with an active ingredient of tretinoin, adapalene, azelaic acid, or tazarotene, is prescribed for a beneficiary age 21 years or older and the 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.