




<b>ISSUE DATE</b>  November 4, 2022	<b>EFFECTIVE DATE</b>  January 9, 2023	<b>NUMBER</b>  *See below
<b>SUBJECT</b>  Prior Authorization of Acne Agents, Oral – 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: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMiSe-Enrollment.aspx>.

**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, Oral submitted for prior authorization.

**SCOPE:**

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance (MA) Program. The guidelines to determine the medical necessity of Acne Agents, Oral will be utilized in the fee-for-service and managed care delivery systems. Providers rendering services to MA beneficiaries in the managed care delivery system should address any questions related to the prior authorization of Acne Agents, Oral to the appropriate managed care organization.

**BACKGROUND:**

*01-22-43	09-22-42	27-22-30	33-22-40
02-22-27	11-22-27	30-22-33	
03-22-26	14-22-27	31-22-46	
08-22-51	24-22-35	32-22-27	

**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 website at <https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx>.

The Department of Human Services' (Department) Pharmacy and Therapeutics (P&T) Committee reviews published peer-reviewed medical literature and recommends the following:

- Preferred or non-preferred status for new drugs and products in therapeutic classes already included in the Preferred Drug List (PDL).
- Changes in the status of drugs and products on the PDL from preferred to non-preferred and non-preferred to preferred.
- New quantity limits.
- Therapeutic classes of drugs and products to be added to or deleted from the PDL.
- New guidelines or revisions to existing guidelines to evaluate the medical necessity of prescriptions submitted for prior authorization.

### **DISCUSSION:**

During the September 13, 2022, meeting, the P&T Committee recommended a revision to the medical necessity guidelines for Acne Agents, Oral for the treatment of acne to include therapeutic failure of or a contraindication or an intolerance to any topical retinoid.

The revisions to the guidelines to determine medical necessity of prescriptions for Acne Agents, Oral submitted for prior authorization, as recommended by the P&T Committee, 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, Oral 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, 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 and products 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

<https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Pharmacy-Prior-Authorization-General-Requirements.aspx>

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

<https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Clinical-Guidelines.aspx>

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**I. Requirements for Prior Authorization of Acne Agents, Oral**

**A. Prescriptions That Require Prior Authorization**

All prescriptions for Acne Agents, Oral must be prior authorized.

**B. Review of Documentation for Medical Necessity**

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

1. Is being treated for a diagnosis that is indicated in the U.S. Food and Drug Administration (FDA)-approved package labeling OR a medically accepted indication; **AND**
2. Is age-appropriate according to FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature; **AND**
3. Is prescribed a dose and duration of therapy that is consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature; **AND**
4. Is prescribed the Acne Agent, Oral by or in consultation with a dermatologist; **AND**
5. For an indication of acne, has a history of therapeutic failure of or a contraindication or an intolerance to **all** of the following:
  - a. An oral antibiotic recommended for the treatment of acne,
  - b. A topical antibiotic recommended for the treatment of acne,
  - c. A topical retinoid;

**AND**

6. For a non-preferred Acne Agent, Oral, has a history of therapeutic failure of or a contraindication or an intolerance to the preferred Acne Agents, Oral. See the Preferred Drug List (PDL) for the list of preferred Acne Agents, Oral at: <https://papdl.com/preferred-drug-list>.

NOTE: If the beneficiary does not meet the clinical review guidelines 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**

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

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 a Acne Agent, Oral. If the applicable guidelines in Section B. are met, the reviewer will prior authorize the prescription. If the applicable 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 services are medically necessary to meet the medical needs of the beneficiary.

D. References

1. Zaenglein, AL, Pathy, AL, et.al. Guidelines of care for the management of acne vulgaris. Journal of the American Academy of Dermatology 2016;74:945-73.
2. Isotretinoin Prescribing Information. Bridgewater, NJ. Amneal Pharmaceuticals LLC. April 2018.