

PA DEPARTMENT OF HUMAN SERVICES
MAAC BRIEFING DOCUMENT
ACNE AGENTS, ORAL

Proposed Effective Date: January 1, 2020

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.

See the Preferred Drug List (PDL) for the list of preferred Acne Agents, Oral at:
<https://papdl.com/preferred-drug-list>.

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 documented history of therapeutic failure, contraindication, or 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 tretinoin;

AND

6. For a non-preferred Acne Agent, Oral, has a history of therapeutic failure, contraindication, or intolerance of the preferred Acne Agents, Oral.

NOTE: If the beneficiary does not meet the clinical review guidelines above but, in the professional judgement 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.

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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 an Acne Agent, Oral. 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 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.