

## ISOTRETINOIN PA SUMMARY

**LENGTH OF AUTHORIZATION:** 5 months (maximum of 2 approvals per lifetime)

### **PA CRITERIA:**

- ❖ Approvable for members 12 years of age or older with severe, persistent, inflammatory, nodular acne who have tried and failed a one-month trial of a systemic antibiotic

*AND*

- ❖ Members and providers must be registered in and meet all the requirements of the FDA iPLEDGE program.
- ❖ A second authorization may be approved if members have been off therapy for at least 8 weeks and continue to have severe, persistent, inflammatory, nodular acne.

### **EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

### **PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

### **QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.