



**GEORGIA MEDICAID FEE-FOR-SERVICE  
ACNE AGENTS, ORAL PA SUMMARY**

<b>Preferred</b>	<b>Non-Preferred</b>
Amnesteem (isotretinoin) Claravis (isotretinoin) Isotretinoin generic Myorisan (isotretinoin) Zenatane (isotretinoin)	Absorica and Absorica LD (isotretinoin)

**LENGTH OF AUTHORIZATION:** 5 months (maximum of 2 approvals per lifetime) for acne; 6 months for neuroblastoma

**PA CRITERIA:**

*Amnesteem, Claravis, Isotretinoin Generic, Myorisan, Zenatane*

- ❖ Approvable for members 12 years of age and older with a diagnosis of severe, persistent, inflammatory, nodular acne who have tried and failed a one-month trial of a systemic antibiotic or who have allergies to all system antibiotics used for the treatment of acne, 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.
- ❖ Approvable for members with a diagnosis of high risk neuroblastoma who have received chemotherapy, radiotherapy and stem-cell transplant (bone marrow or peripheral blood [PBSC]).

*Absorica and Absorica LD*

- ❖ In addition to meeting the criteria above, the prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Amnesteem, Claravis, generic isotretinoin, Myorisan and Zenatane, are not appropriate for the member.

**EXCEPTIONS:**

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

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**



- ❖ For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.