ISOTRETINOIN PA SUMMARY

<table>
<thead>
<tr>
<th>PREFERRED</th>
<th>Isotretinoin (generic), Amnesteem (branded generic), Claravis (branded generic), Myorisan (branded generic), Zenatane (branded generic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-PREFERRED</td>
<td>Absorica</td>
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</tbody>
</table>

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

PA CRITERIA:
- Approvable for members 12 years of age and older with severe, persistent, inflammatory, nodular acne who have tried and failed a one-month trial of a systemic antibiotic
- 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.
- Isotretinoin is also approvable for members of all ages with high risk neuroblastoma if the member has received chemotherapy, radiotherapy, and a stem-cell transplant (bone marrow or peripheral blood [PBSC]).
- Non-preferred Absorica must meet the criteria above. In addition, the prescriber should submit a written letter of medical necessity stating the reason(s) that generic isotretinoin is 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 Catamaran at 1-866-525-5827.

PA and Appeal Process:
- For online access to the PA process please go to 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 Limits please go to 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.

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