



**ISOTRETINOIN PA SUMMARY**

<b>PREFERRED</b>	Isotretinoin (generic), Amnesteem (branded generic), Claravis (branded generic), Myorisan (branded generic), Zenatane (branded generic)
<b>NON-PREFERRED</b>	Absorica

**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

*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.
- ❖ 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](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 Limits 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.