

<b>Policy Name:</b>	<b>Isotretinoin Oral (Absorica)</b>	<b>Policy#:</b>	<b>1950P</b>
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## Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage and initial duration of therapy limits on Absorica.

## Statement of the Policy

Health Alliance Medical Plans will approve the use of Absorica when the following criteria have been met.

## Criteria

### 1. Absorica

- 1.1 Coverage criteria for Absorica requires documented trial with patient compliance (administration with high-fat meal) and subsequent failure, or intolerance, or contraindication to one of the following:
  - Amnestein
  - Claravis
  - Myorisan
  - Zenatane
- 1.2 An electronic Managed Dose Limit (MDL) is in place that allows for up to 8 months of treatment
- 1.3 Provider can submit medical chart documentation to support medical necessity of extended treatment duration beyond the covered 8 months.
  - Maximum covered cumulative treatment dose 150mg/kg
  - Recommended treatment duration is 4 to 6 months

### 2. Subsequent Treatment Courses

- 2.1 Subsequent courses of isotretinoin will not be approved until the member is at least 5 months post-treatment from the previous treatment cycle

## References

1. Reynolds RV, Yeung H, Cheng CE, et al. Guidelines of care for the management of acne vulgaris. *J Am Acad Dermatol.* 2024;90(5):1006-30.
2. Landis MN. Optimizing isotretinoin treatment of acne update on current recommendations for monitoring, dosing, safety, adverse effects, compliance, and outcomes. *Am J Clin Dermatol.* 2020;21(3):411-419

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## DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.