

<b>POLICY NAME</b>	Isotretinoin Oral (Absorica)	<b>POLICY #</b>	<b>1950P</b>
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## Criteria

### 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

### 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