

POLICY NAME	Isotretinoin Oral (Absorica)	POLICY #	1950P
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Criteria

Absorica

- ☐ 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
- ☐ An electronic Managed Dose Limit (MDL) is in place that allows for up to 8 months of treatment
- ☐ 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

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