



**BlueCross
BlueShield**

Federal Employee Program.

ISOTRETINOINS

Absorica, Absorica LD* (isotretinoin)

*Prior authorization for this formulation applies only to formulary exceptions due to being a non-covered medication

Pre - PA Allowance

None

Prior-Approval Requirements

Age 12 years of age or older

Diagnosis

Patient must have the following:

1. Severe nodular acne
 - a. Patient has multiple nodules with a diameter of 5 mm or greater
 - b. Patient has had an inadequate treatment response, intolerance, or contraindication to systemic antibiotics (e.g., doxycycline, tetracycline, minocycline, erythromycin, trimethoprim-sulfamethoxazole, trimethoprim, azithromycin)
 - c. Patient has had an inadequate treatment response, intolerance, or contraindication to a generic isotretinoin product

AND the following:

1. Patient and prescriber are enrolled in the iPLEDGE REMS program

Prior - Approval Limits

Duration 6 months

Prior – Approval *Renewal* Requirements

Age 12 years of age or older

Diagnosis

Patient must have the following:

1. Severe nodular acne
 - a. Patient has been off of Isotretinoin therapy for at least 2 months



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AND the following:

1. Patient and prescriber are enrolled in the iPLEDGE REMS program

Prior - Approval *Renewal* Limits

Duration 6 months (**ONE** renewal **ONLY**)