Commercial/Healthcare Exchange PA Criteria

Effective: June 3, 2020

Prior Authorization: Absorica LD

Products Affected: Absorica LD (isotretinoin capsules)

Medication Description:
Absorica LD (isotretinoin capsules) inhibits sebaceous gland function and keratinization. In nodular acne, clinical improvement is associated with a reduction in sebum secretion which is related to the dose and duration of isotretinoin treatment. Retinoids affect the keratinization process, and therefore without specificity exhibit effectiveness in all types of hyperkeratotic conditions.

Covered Uses: Treatment of severe recalcitrant nodular acne in patients 12 years of age and older

Exclusion Criteria:
1. Hypersensitivity to vitamin A
2. Pregnancy (known or suspected)

Required Medical Information:
1. Diagnosis
2. Previous therapies tried and failed

Age Restrictions: 12 years of age or older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:
1. Patient has a diagnosis of severe recalcitrant nodular acne; AND
2. Patient has tried and failed or has a contraindication or intolerance to two preferred products (e.g. amnesteem, isotretinoin, myorisan, or zenatane).

References:
1. Product Information: ABSORICA LD(TM) oral capsules, isotretinoin oral capsules. Sun Pharmaceutical Industries Inc (per FDA), Cranbury, NJ, 2019.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	6/3/2020