



# PRIOR AUTHORIZATION CRITERIA

DRUG CLASS ISOTRETINOINS (ALL ORAL)

BRAND NAME (generic)

ABSORICA (isotretinoin)

AMNESTEEM (isotretinoin)

CLARAVIS (isotretinoin)

MYORISAN (isotretinoin)

SOTRET (isotretinoin)

ZENATANE (isotretinoin)

Status: CVS Caremark Criteria
Type: Initial Prior Authorization

## **POLICY**

## FDA-APPROVED INDICATIONS

Isotretinoin is indicated for the treatment of severe recalcitrant nodular acne. Nodules are inflammatory lesions with a diameter of 5 mm or greater. The nodules may become suppurative or hemorrhagic. "Severe," by definition, means "many" as opposed to "few or several" nodules. Because of significant adverse effects associated with its use, isotretinoin should be reserved for patients with severe nodular acne who are unresponsive to conventional therapy, including systemic antibiotics. In addition, isotretinoin is indicated only for those female patients who are not pregnant, because isotretinoin can cause severe birth defects.

A single course of therapy for 15 to 20 weeks has been shown to result in complete and prolonged remission of disease in many patients. If a second course of therapy is needed, it should not be initiated until at least 8 weeks after completion of the first course, because experience has shown that patients may continue to improve while off isotretinoin. The optimal interval before retreatment has not been defined for patients who have not completed skeletal growth.

Isotretinoins Policy 118-A 06-2017

CVS Caremark is an independent company that provides pharmacy benefit management services to CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. members.

## Compendial Uses

Acne - refractory8

Cutaneous T-cell Lymphoma (CTCL) (e.g., mycosis fungoides, Sézary syndrome)<sup>7</sup>

Keratosis follicularis (Darier Disease) - severe8

Lamellar ichthyosis – severe skin involvement<sup>7</sup>

Neuroblastoma<sup>8</sup>

Pityriasis rubra pilaris<sup>7</sup>

Rosacea - severe refractory8

Squamous Cell Cancers – to reduce the development of precancers and skin cancers in high risk patients<sup>8</sup>

Transient acantholytic dermatosis (Grover's Disease) – severe8

### **COVERAGE CRITERIA**

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has the diagnosis of acne vulgaris (severe recalcitrant nodular or refractory) OR severe refractory rosacea AND
  - The patient has tried and had inadequate treatment responses to any topical acne product AND an oral antibiotic

#### AND

 Treatment will be limited to 40 weeks (2 courses) or less AND with at least 8 weeks between each course

#### OR

The patient has any of the following diagnoses: A) neuroblastoma, B) cutaneous T-cell lymphoma (CTCL) (e.g., mycosis fungoides, Sézary syndrome), C) is at high risk for developing skin cancer (squamous cell cancers), D) transient acantholytic dermatosis (Grover's Disease), E) keratosis follicularis (Darier Disease), F) lamellar ichthyosis, G) pityriasis rubra pilaris

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