PRIORITY PARTNERS
7231 Parkway Dr., Suite 100
Hanover, MD 21076

JOHNS HOPKINS
HEALTH PLANS

Prior Authorization

JOHNS HOPKINS HEALTH PLANS (MEDICAID)

Oral Isotretinoin Products - Priority Partners MCO

This fax machine is located in a secure location as required by HIPAA regulations.
Complete/review information, sign and date. Fax signed forms to Johns Hopkins Health Plans at **1-410-424-4607**. Please contact Johns Hopkins Health Plans at **1-888-819-1043** with questions regarding the Prior Authorization process.
When conditions are met, we will authorize the coverage of Oral Isotretinoin Products - Priority Partners MCO.

Drug Name (select from list of drugs shown)

Absorica (isotretinoin)	Amnesteem (isotretinoin)	Claravis (isotretinoin)
Isotretinoin	Myorisan (isotretinoin)	Zenatane (isotretinoin)

Quantity Frequency Strength

Route of Administration Expected Length of Therapy

Patient Information
Patient Name: _____
Patient ID: _____
Patient Group No.: _____
Patient DOB: _____
Patient Phone:

Prescribing Physician
Physician Name: _____
Physician Phone: _____
Physician Fax: _____
Physician Address: _____
City, State, Zip: _____

Diagnosis: _____ **ICD Code:** _____

Comments: _____

Please circle the appropriate answer for each question.

1. Is this request for continuation of therapy? Y N

[Note: The use of physician samples, or manufacturer product discounts, does not guarantee coverage under the provisions of the medical and/or pharmacy benefit. All pertinent criteria must be met in order to be eligible for benefit coverage.]

[If no, then skip to question 4.]

2. Have at least 2 months elapsed since completing the initial 20-week therapy? Y N

	[Note: Patients may continue to have clinical improvement for several months after completing the first course of therapy.]		
	[If no, then no further questions.]		
3.	Has the patient's acne failed to improve since initial treatment with evidence of persistent, or recurring severe acne?	Y N	
	[Note: Documentation must be submitted.]		
	[No further questions.]		
4.	Is the requested drug being prescribed for any of the following: A) Mild acne, B) First-line treatment of acne, C) Use in females who are pregnant or of childbearing age who are not using at least two forms of contraception, D) Use concurrently with a tetracycline product, due to the risk of benign intracranial hypertension?	Y N	
	[If yes, then no further questions.]		
5.	Does the patient have the diagnosis of severe, resistant nodular acne AND documented trial and failure of at least two formulary topical products and one oral acne product?	Y N	
	[Note: Documentation must be submitted.]		
	[If yes, then skip to question 10.]		
6.	Does the patient have the diagnosis of severe keratinization disorder (such as keratosis follicularis, pityriasis rubra pilaris, lamellar ichthyosis, keratosis palmaris et plantaris, congenital ichthyosiform erythroderma, or lichen planus)?	Y N	
	[Note: Documentation must be submitted.]		
	[If yes, then skip to question 10.]		
7.	Is there documentation in the clinical progress notes that the patient has acne that is causing physical or psychological scarring?	Y N	
	[Note: Documentation must be submitted.]		
	[If yes, then skip to question 10.]		
8.	Is there documentation showing a diagnosis of basal cell or squamous cell carcinoma that is refractory to first-line therapy?	Y N	
	[Note: Documentation must be submitted.]		
	[If yes, then skip to question 10.]		
9.	Is there documentation that the requested drug is being used as an adjunct to treatment of malignant neoplasm?	Y N	
	[Note: Documentation must be submitted.]		
	[If no, then no further questions.]		
10.	Is this request for a non-formulary isotretinoin product (such as Absorica)?	Y N	
	[If no, then no further questions.]		

11. Has the patient tried and had an inadequate response to three generic isotretinoin products?	Y N
[Note: Documentation must be submitted.]	

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that the documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable a state or federal regulatory agency.

Prescriber (Or Authorized) Signature and Date