

Commercial/Healthcare Exchange PA Criteria

Effective: January 1, 2020

Prior Authorization: Acitretin

Products Affected: acitretin oral capsules

Medication Description: Acitretin is an aromatic, synthetic retinoid; approved for the treatment of severe psoriasis in adults.

Covered Uses: Treatment of severe psoriasis in adults.

Exclusion Criteria:

1. Pregnancy
2. Patients with severely impaired liver or kidney function
3. Patients with chronic abnormally elevated blood lipid values
4. Concurrent use with methotrexate
5. Concurrent use with a tetracycline
6. Hypersensitivity (e.g., angioedema, urticaria) to the preparation (acitretin or excipients) or to other retinoids.

Required Medical Information:

1. Diagnosis
2. Previous therapies tried/failed

Age Restrictions: 18 years of age and older

Prescriber Restrictions: Prescribed by, or in consultation with, a dermatologist.

Coverage Duration: 12 Months

Other Criteria: Approve if the patient meets the following criteria:

1. Patient has a diagnosis of severe plaque psoriasis; AND
2. Patient is intolerant to or had an inadequate response from at least TWO of the following:
 - a. Corticosteroids (e.g., betamethasone, triamcinolone, etc.)
 - b. Vitamin D analogs (e.g., calcitriol ointment, calcipotriene)
 - c. Tazarotene gel; AND
3. Patient has a documented failure of, or intolerance to, or contraindication to at least one traditional systemic agent (eg, MTX, cyclosporine, PUVA) for at least 3 months; AND
4. If the patient is able to bear children, then the patient and/or guardian signed a Patient Agreement/Informed Consent (e.g., Do Your P.A.R.T) which includes confirmation of 2 negative pregnancy tests

References:

1. Product Information: SORIATANE oral capsules, acitretin oral capsules. Stiefel Laboratories, Inc (per FDA), Research Triangle Park, NC, 2017.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	10/18/2019