

PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

SORIATANE
(acitretin)

Status: CVS Caremark Criteria

Type: Initial Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Soriatane is indicated for the treatment of severe psoriasis in adults. Because of significant adverse effects associated with its use, Soriatane should be prescribed only by those knowledgeable in the systemic use of retinoids. In females of reproductive potential, Soriatane should be reserved for non-pregnant patients who are unresponsive to other therapies or whose clinical condition contraindicates the use of other treatments.

Most patients experience relapse of psoriasis after discontinuing therapy. Subsequent courses, when clinically indicated, have produced efficacy results similar to the initial course of therapy.

Compendial Uses

Prevention of non-melanoma skin cancers in high risk individuals^{3,5}

Lichen planus³

Keratosis follicularis (Darier Disease)³

COVERAGE CRITERIA

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

- 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

AND

- The requested drug is being prescribed for any of the following: A) Lichen Planus, B) Keratosis follicularis (Darier Disease), C) prevention of non-melanoma skin cancers in a high-risk individual

OR

- The requested drug is being prescribed for the treatment of severe psoriasis

AND

- The patient has experienced an inadequate treatment response, intolerance, or the patient has a contraindication to methotrexate or cyclosporine

Quantity Limits apply.

60 capsules/month

REFERENCES

1. Soriatane [package insert]. Research Triangle Park, NC: Stiefel Laboratories, Inc.; October 2018.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2021; Accessed June 1, 2021.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed June 1, 2021.
4. Menter A, Gelfand J, Connor C, et al. Joint American Academy of Dermatology-National Psoriasis Foundation guidelines of care for the management of psoriasis with systemic nonbiologic therapies. *J Am Acad Dermatol* 2020;82:1444-86.

5. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology. Squamous Cell Skin Cancer. V 1.2021. Available at: http://www.nccn.org/professionals/physician_gls/pdf/squamous.pdf. Accessed June 2021.
6. National Organization for Rare Disorders (NORD). Keratosis Follicularis. 2018. Available at <https://rarediseases.org>. Accessed June 2021.