

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.

COVERAGE CRITERIA

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

- The patient has a diagnosis of any of the following: A) Severe psoriasis, B) Lichen planus, C) Keratosis follicularis (Darier Disease)
OR
- The requested drug is being prescribed for the prevention of non-melanoma skin cancers in a high risk individual
AND
- 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. Soriatane [package insert]. Research Triangle Park, NC: Stiefel Laboratories, Inc.; September 2017.
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3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed June 2018.
4. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology. Squamous Cell Skin Cancer. V 2.2018. Available at: http://www.nccn.org/professionals/physician_gls/pdf/squamous.pdf. Accessed June 2018.
5. National Organization for Rare Disorders (NORD). Keratosis Follicularis. 2018. Available at <https://rarediseases.org>. Accessed June 2018.