

Effective Date: 9/2017
Last Reviewed: 2/2020, 5/2021, 4/2022, 4/2023, 4/2024, 4/2025, 6/2026
Scope: Medicaid

NON-ONCOLOGY POLICY ACITRETIN (Soriatane®)

For oncology indications, please refer to NHPRI Oncology Policy

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met, and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication

Acitretin (Soriatane) is indicated for the treatment of severe psoriasis in adults. Because of significant adverse effects associated with its use, Acitretin (Soriatane) should be prescribed only by those knowledgeable in the systemic use of retinoids. In females of reproductive potential, Acitretin (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

- Lichen planus³
- Keratosis follicularis (Darier Disease)³

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR APPROVAL

Authorization of 12 months may be granted when both of the following criteria are met:

1. If the member is able to bear children then the member and/or guardian signed a Member Agreement/Informed Consent (e.g., Do Your P.A.R.T) which includes confirmation of 2 negative pregnancy tests
2. The member has a diagnosis of any of the following: A) Severe psoriasis, B) Lichen planus, C) Keratosis follicularis (Darier Disease)

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III. REFERENCES

1. Acitretin [package insert]. Research Bedminster, NY: Alembi Pharmaceuticals, Inc.; August 2024.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed February 2020.
3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed February 2020.
4. National Organization for Rare Disorders (NORD). Keratosis Follicularis. 2018. Available at <https://rarediseases.org>. Accessed June 2019.