Acitretin

Included Products: Soriatane (acitretin)

Created: 09/17/2017 *Revised:* 01/12/2023 *Reviewed:* 03/09/2023 *Updated:* 04/01/2023

Plaque Psoriasis

Initial Criteria		If yes	If no
1.	Does the member have chronic, moderate to severe plaque psoriasis with functional impairment and one or more of the following: a. At least 10% body surface area involved b. Hand, foot, face, or mucous membrane involvement	Continue to #4.	Continue to #2.
2.	Is the member under the age of 21?	Continue to #3.	Do not approve. Plaque psoriasis without functional impairment and hand, foot, face, or mucous membrane involvement or affecting less than 10% of body surface area is not covered for treatment by the Oregon Health Plan.
3.	Is it medically necessary or medically appropriate to treat the psoriasis due to contributing factors to a comorbid condition or impact on growth, learning, or development?	Continue to #4.	Do not approve based on medical necessity or appropriateness.
4.	Has the treatment been prescribed or is it currently being supervised by a dermatologist?	Continue to #5.	Do not approve.

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5.	Has the member tried and failed or have contraindications to ALL of the following: a. High-potency topical corticosteroids (betamethasone dipropionate, clobetasol, fluocinonide) b. At least one other topical agent: calcipotriene, tazarotene, anthralin c. PUVA or UVB Phototherapy d. Methotrexate e. At least one other second line systemic agent such as cyclosporine	Continue to #6.	Do not approve.
6.	Approve for 6 months.		
Renewal Criteria		**If yes**	**If no**
1.	Has the member experienced a 50% reduction in plaques and/or is there evidence of functional improvement?	Continue to #2.	Do not approve.
2.	Approve for 6 months.		