PRIOR AUTHORIZATION POLICY

POLICY: Topical Retinoids – Panretin Prior Authorization Policy
- Panretin® (alitretinoin topical gel – Eisai)

REVIEW DATE: 08/02/2023

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Panretin, a topical retinoid, is indicated for the topical treatment of cutaneous lesions in patients with Acquired Immunodeficiency Syndrome (AIDS)-related **Kaposi sarcoma**.[1] It is not indicated when systemic anti-Kaposi sarcoma therapy is required (e.g., more than 10 new Kaposi sarcoma lesions in the prior month, symptomatic lymphedema, symptomatic pulmonary Kaposi sarcoma, or symptomatic visceral involvement). Per the prescribing information, there is no experience to date using Panretin gel with systemic anti-Kaposi sarcoma treatment.

Guidelines

Use of Panretin is addressed in the National Comprehensive Cancer Network guidelines for Kaposi sarcoma (version 1.2023 – December 20, 2022).[2] Topical agents are among the first-line therapy recommendations for symptomatic and/or cosmetically unacceptable cutaneous disease; this applies both for patients with human immunodeficiency virus (HIV) and patients without HIV. Panretin is listed as an option for topical treatment (category 2A).

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Panretin. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Panretin, approval requires Panretin to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Prior authorization and prescription benefit coverage are not recommended for cosmetic uses.

- **Panretin® (alitretinoin topical gel – Eisai)**

is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indication

1. **Kaposi Sarcoma.** Approve for 1 year if the patient meets both of the following (A and B):
   - **A)** Patient is not receiving systemic therapy for Kaposi sarcoma; AND
   - **B)** The medication is prescribed by or in consultation with a dermatologist, oncologist, or infectious disease specialist.

CONDITIONS NOT COVERED

- **Panretin® (alitretinoin topical gel – Eisai)**

is(are) considered experimental, investigational or unproven for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Cosmetic Uses.** Cosmetic use is not recommended for coverage as this indication is excluded from coverage in a typical pharmacy benefit.
   Note (this is not an all-inclusive list): Examples of cosmetic conditions include actinic purpura, age spots (also called liver spots, solar lentigines, sun spots), melasma/cholasma, milia, mottled hyperpigmentation, mottled hypopigmentation, photo-aged or photo-damaged skin, pokiloderma (of Civatte), premature aging, scarring, sebaceous hyperplasia, seborrheic keratosis, skin laxity, skin roughness, solar elastosis, solar purpura, stretch marks, and wrinkles.

REFERENCES

1. Panretin® topical gel [prescribing information]. Woodcliff Lake, NJ: Eisai; June 2018.
2. The NCCN Kaposi Sarcoma Clinical Practice Guidelines in Oncology (version 1.2023 – December 20, 2022). © 2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on July 25, 2023.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	Under **Conditions Not Covered** , for **Cosmetic Conditions**, it was clarified in the Note that the list of conditions is not all-inclusive. Also, the phrase "e.g., photoaging of the skin" was deleted as an example of cosmetic uses. The following were added as examples of cosmetic uses: actinic purpura; age spots (also called liver spots, solar lentigines, sun spots); melasma/cholasma; milia; mottled hyperpigmentation; mottled hypopigmentation; photo-aged or photo-damaged skin; pokiloderma (of Civatte); premature aging; scarring; sebaceous hyperplasia; seborrheic keratosis; skin laxity; skin roughness; solar elastosis; solar purpura; stretch marks; and wrinkles. There were no other changes to the criteria.	07/27/2022
Annual Revision	No criteria changes.	08/02/2023