

ALASKA MEDICAID

Panretin® (Alitretinoin Gel)

Gel: 60 gram

PREFERRED DRUG:

NA

NON-PREFERRED DRUG:

NA

INDICATION:

“Panretin® gel is indicated for topical treatment of cutaneous lesions in patients with AIDS-related Kaposi’s sarcoma. Panretin® gel is not indicated when systemic anti-KS therapy is required (e.g., more than 10 new KS lesions in the prior month, symptomatic lymphedema, symptomatic pulmonary KS, or symptomatic visceral involvement). There is no experience to date using Panretin® gel with systemic anti-KS treatment.”¹

CRITERIA FOR APPROVAL:

1. The patient is being treated for cutaneous lesions with Kaposi’s sarcoma; **AND**
2. The patient is not being treated systemically for Kaposi’s sarcoma.

LENGTH OF APPROVAL:

1. Coverage may be approved for up to 2 months.

REFERENCES / FOOTNOTES:

¹ Panretin® package insert, available at:
<<http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?id=2095>> Accessed 06/03/2009