

**PANRETIN TOPICAL GEL 0.1% (9-cis-retinoic acid)(alitretinoin)**

Patient name: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_ Prescriber NPI#: \_\_\_\_\_ Contact person: \_\_\_\_\_

Prescriber Phone#: \_\_\_\_\_ Extension/Option: \_\_\_\_\_ Fax#: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Pharmacy Phone#: \_\_\_\_\_ Pharmacy Fax #: \_\_\_\_\_

Requested Medication: \_\_\_\_\_ Strength: \_\_\_\_\_ Frequency/Day: \_\_\_\_\_

**All information to be legible, complete and correct or form will be returned**

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**FAX DOCUMENTATION FROM PROGRESS NOTES OR IN LETTER OF MEDICAL**

**NECESSITY TO 855-828-4992 note the new fax number**

**CRITERIA:**

**30 day trial period:**

- Diagnosis of cutaneous lesions caused by Kaposi's Sarcoma. Include the following information:
  - Primary number of KS lesions.
  - Estimated total square centimeters.
  - Number of lesions flat on baseline.
  - Number of lesions raised on baseline.
- Systemic anti-KS therapy not yet required. (Panretin is not indicated when systemic anti-KS therapy is required. (e.g., more than 10 new KS lesion in a month, symptomatic lymphedema, symptomatic pulmonary KS, or symptomatic visceral involvement.)
- 0.1% Retin-A gel has been tried for a period of 60 days or more and there was less than 25% improvement of (both Partial Response Area (PRA) and Partial Response Height (PRH))

**60 day treatment period:**

- Patient must sustain partial response defined as a 50% or more improvement from base line. Include:
  - Number of KS lesions.
  - Estimated total square centimeters.
  - Partial Response Area
  - Partial Response Height

**Continued use of Panretin:**

- Updated letter of medical necessity indicating continued improvement. Include:
  - Number of KS lesions.
  - Estimated total square centimeters
  - Partial Response Area
  - Partial Response Height

**Continued on Page 2**

## **INFORMATION:**

Assessment of lesions is limited to only the cutaneous lesions treated. Each lesion assessed for height and diameter. The response evaluation of each KS index will be classified according to the following system:

- Complete Response (CR): Decreased in lesion area to zero and biopsy documented absence of KS cells.
- Clinical Complete Response (CCR): Decrease in lesion area to zero.
- Partial Response Area (PRA): Decrease in lesion area by 50% or more from baseline without concurrent increase in height or lesion form flat (macular) at baseline to raised (plaque-like or nodular).
- Partial Response Height (PRH): Complete flattening of a lesion raised at baseline (decrease in height from nodular or plaque-like) without concurrent increase in lesion area by 25% or more from baseline.
- Stable Disease (SD): Lesion does not meet evaluation criteria for CR, CCR, PR, or PD.
- Progressive Disease (PD): Increase in lesion area by 25% or more from baseline area, or an increase in height from flat (macular) at baseline to raised (Plaque-like or nodular).

## **AUTHORIZATION:**

Initial 30 day trial and 60 day treatment period as described above.

## **REAUTHORIZATION:**

60 day treatment periods are authorized with continued improvement, as described above.

9/15/10

<http://health.utah.gov/medicaid/pharmacy>