Psoriasis Agents – Oral

Effective 07/13/2017  
Revised 07/11/2019

**Preferred Agents**

- Acitretin

**Non-Preferred Agents**

- Methoxsalen
- Methoxsalen Rapid
- Oxsoralen-Ultra®
- Soriatane®

## Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents

## Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030