

Acitretin Therapeutic Cheat Sheet

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TRADE NAME

- > Soriatane¹

MECHANISM OF ACTION^{1,2}

- > Vitamin A derivative retinoic acid metabolite of etretinate
- > First binds cytosolic retinoic acid-binding protein, which serves to facilitate transport to the nucleus, where subsequent binding to retinoic acid receptors (RARs) and retinoid X receptors (RXR) occurs, thereby serving to modulate nuclear transcription
- > Normalizes keratinocyte differentiation in epithelium, reduces expression of proinflammatory cytokines (ex. IL-6), migration inhibitory factor-related protein-8 (MRP-8), and IFN- γ , thereby exerting anti-inflammatory and anti-proliferative effects

FDA APPROVED FOR¹

- > Severe plaque-type psoriasis
- > Generalized or localized pustular psoriasis

OFF-LABEL USES³⁻⁵

- > Inflammatory dermatoses
 - > Erythrodermic psoriasis
 - > Nail psoriasis
 - > Palmoplantar pustulosis
 - > Pityriasis rubra pilaris
 - > Lichen planus
 - > Lichen nitidus
 - > IgA pemphigus
 - > Pemphigus vegetans
 - > Darier's disease
 - > Post-irradiation morphea
 - > Granuloma annulare
 - > Hyperkeratotic hand eczema
 - > Acneiform eruptions secondary to EGFR inhibitors
 - > Hidradenitis suppurativa
 - > Erosive pustular dermatosis of scalp
- > Ichthyoses and keratodermas
- > Neoplastic diseases
 - > Chemoprevention of non-melanoma skin cancer (NMSC) in transplant patients
 - > Actinic keratosis
 - > Bowen's disease
 - > Langerhans cell histiocytosis
 - > Porokeratosis
- > Infectious conditions
 - > Recalcitrant warts
 - > Bowenoid papulosis
 - > Buschke Lowenstein tumor
 - > Blastomycosis-like pyoderma
- > Connective tissue diseases
 - > Lupus erythematosus
 - > Lichen sclerosis
 - > Graft versus host disease
- > Mucosal disorders
 - > Oral leukoplakia
- > Genodermatoses
 - > Pachyonychia congenita
 - > Lipoid proteinosis
 - > Acrokeratosis verruciformis
- > Other
 - > Elephantiasis nostras verrucosa
 - > Keratosis lichenoides chronica
 - > Lichen amyloidosis
 - > Arsenical keratosis

DOSING⁶⁻⁹

- > Psoriasis-related indications: 0.25-1mg/kg once daily with food
- > Pityriasis rubra pilaris: 0.5mg/kg once daily with food
- > Chemoprevention of NMSC in transplant patients: 0.2-0.4 mg/kg once daily with food
- > Ichthyoses, keratodermas, other indications: variable dosing regimens have been reported, usually started at low dose and titrated upwards depending on disease response and toleration of medication
- > Maximum recommended dose of 75mg daily

SIDE EFFECTS^{1,3,10,11}

- > Dose-dependent
- > Severe birth defects in women pregnant while on medication or within 3 years of stopping medication
 - > 2 negative pregnancy tests required prior to initiation of treatment
- > Hepatotoxicity
- > Hypertriglyceridemia, very rarely leading to pancreatitis
- > Dry mouth, lips, nose, eyes, skin, pruritus
- > Fragile skin
- > Rhinorrhea, epistaxis
- > Alopecia
- > Arthralgias
- > Myalgias
- > Headaches
- > Nausea
- > Photosensitivity
- > Reduced night vision
- > Skeletal hyperostosis

WARNINGS¹

- > May cause increased sensitivity to ultraviolet light, which may warrant dose reduction in concurrent phototherapy treatments
- > Avoid dietary supplements with vitamin A, which may exacerbate or trigger side effects of acitretin

CONTRAINDICATIONS¹

- > Women who are pregnant or desire to get pregnant within 3 years of stopping medication
- > Severe renal or hepatic impairment
- > Hypertriglyceridemia
- > Concurrent use of methotrexate or tetracycline medications, which may increase risks of hepatitis and increased intracranial pressure, respectively
- > Concurrent use of alcohol
- > Previous allergy to acitretin

PREGNANCY & BREASTFEEDING¹

- > Pregnancy category X; contraindicated during pregnancy, within 3 years of pregnancy, and during breastfeeding

MONITORING¹⁰

- > Baseline blood work, to be repeated every 3 months during treatment:
 - > Fasting lipid profile, blood glucose
 - > Liver function tests
 - > Complete blood count
 - > Serum creatinine
 - > Serum pregnancy testing for women who are capable of getting pregnant (performed monthly during treatment, every 3 months for 3 years following completion of treatment)