

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

Duobrii (halobetasol propionate and tazarotene)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Duobrii (halobetasol propionate and tazarotene) lotion	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Duobrii (halobetasol propionate and tazarotene) 0.1%/0.045% lotion may be approved if the following criteria are met:

- I. Individual has a diagnosis of plaque psoriasis; **AND**
- II. Documentation has been provided for why the combination agent is clinically necessary and not for convenience.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

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New Program Date 08/21/2019*

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

CRX-ALL-0433-19

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Applicable	X	X	X	X	X	X	NA

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: April 30, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.

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