

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

Tazarotene Agents

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

Medications	Quantity Limit
Arazlo (tazarotene) Avage (tazarotene) Fabior (tazarotene) Tazorac (tazarotene)	May be subject to quantity limit

APPROVAL CRITERIA

If benefit requires prior authorization, requests for tazarotene agents (Tazorac, Fabior) may be approved for the following:

- I. For Tazorac (tazarotene) cream/gel 0.1%:
 - A. Individual has a diagnosis of mild-to-moderate facial acne; **AND**
 - B. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to two preferred topical retinoid agents; **AND**
 - C. Documentation* is provided for the clinical necessity of a non-preferred agent and the same medical reason and clinical benefit are not expected with the preferred agent;

Preferred agents: Differin OTC, Tretinoin gel 0.01%, 0.025%; tretinoin gel micro 0.1%; tretinoin cream 0.025%, 0.05%, 0.1%.

All pump formulations of tretinoin are non-preferred.

OR

- II. For Tazorac (tazarotene) cream/gel 0.05% and cream/gel 0.1%:
 - A. Individual has a diagnosis of stable plaque psoriasis; **AND**
 - B. Individual has up to 20% of body surface area involvement; **AND**
 - C. Efficacy must be documented* for continued approval if request is for greater than 1 year of treatment; **AND**
 - D. Individual has had a prior trial of either of the following (AAD 2009):
 1. Any two topical corticosteroids; **OR**
 2. Any one topical corticosteroid plus calcipotriene;

OR

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III. For Fabior (tazarotene) aerosol foam and Arazlo (tazarotene) lotion:

- A. Individual has a diagnosis of moderate-to-severe acne; **AND**
- B. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to two preferred topical retinoid agents; **AND**.
- C. Documentation* is provided for the clinical necessity of a non-preferred agent and the same medical reason and clinical benefit are not expected with the preferred agent.

Preferred agents: Differin OTC, Tretinoin gel 0.01%, 0.025%; tretinoin gel micro 0.1%; tretinoin cream 0.025%, 0.05%, 0.1%.

All pump formulations of tretinoin are non-preferred.

*Documentation includes, but is not limited to, chart notes, prescription claims records, prescription receipts.

Tazarotene agents (Arazlo, Avage, Fabior, and Tazorac) may not be approved for cosmetic purposes such as, but not limited to the following:

- I. Photoaging; **OR**
- II. Wrinkles; **OR**
- III. Hyperpigmentation; **OR**
- IV. Sun damage; **OR**
- V. Melasma.

Avage (tazarotene) may not be approved for the following:

- I. Acne; **OR**
- II. Plaque Psoriasis.

Key References:

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: December 5, 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.
5. Menter A, Korman NJ, Elmets, CA et.al. American Academy of Dermatology. Guidelines of care for the management of psoriasis and psoriatic arthritis. J Am Acad Dermatol. 2011; 65(1): 137-174. Available from: [https://www.jaad.org/article/S0190-9622\(10\)02173-0/pdf](https://www.jaad.org/article/S0190-9622(10)02173-0/pdf).

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- Zaenglein AL, Pathy AL, Schlosser BJ, Alikhan A, Baldwin HE, Berson DS, et al. Guidelines of care for the management of acne vulgaris. J Am Acad Dermatol. 2016; 74:945-73. Available from: <https://www.aad.org/practice-tools/quality-care/clinical-guidelines/acne>.

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