

PRIOR AUTHORIZATION POLICY

- POLICY:** Topical Retinoids – Tazarotene Products Prior Authorization Policy
- Arazlo™ (tazarotene 0.045% lotion – Bausch Health)
 - Fabior® (tazarotene 0.1% foam – Mayne Pharma)
 - Tazorac® (tazarotene 0.05% cream, 0.05% gel, 0.1% cream, and 0.1% gel – Allergan, generic to 0.1% cream only)

REVIEW DATE: 07/27/2022

OVERVIEW

Tazorac gel is indicated for the following uses:¹

- **Plaque psoriasis**, in patients with up to 20% body surface area involvement (0.05% and 0.1% strengths).
- **Facial acne vulgaris**, in patients with mild to moderate severity (0.1% strength only).

Tazorac cream is indicated for the following uses:²

- **Plaque psoriasis** (0.05% and 0.1% strengths).
- **Acne vulgaris** (0.1% strength only).

Both Arazlo lotion and Fabior foam are indicated for the topical treatment of **acne vulgaris**.^{3,4}

In addition to acne vulgaris and plaque psoriasis, topical tazarotene products have been used to treat other medical skin conditions, such as basal cell carcinoma and congenital ichthyoses.⁵⁻¹³ Topical tazarotene products have also been used to treat cosmetic skin conditions such as wrinkles, premature aging, and treatment of photo-aged or photo-damaged skin.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of topical tazarotene products. All approvals are provided for the duration noted below.

Prior authorization and prescription benefit coverage are not recommended for cosmetic uses.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of topical tazarotene products is recommended in those who meet one of the following criteria:

FDA-Approved Indications

1. **Acne Vulgaris.** Approve for 1 year.
2. **Plaque Psoriasis.** Approve for 1 year.

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Other Uses with Supportive Evidence

3. Treatment of Other Non-Cosmetic Conditions. Approve for 1 year.

Note: Examples of other non-cosmetic conditions include: acne keloidalis nuchae, basal cell carcinoma, comedonal acne, cystic acne, cutaneous T-cell lymphoma, ichthyosis (e.g., congenital, lamellar, vulgaris, X-linked), keratoderma blennorrhagicum, keratosis (e.g., keratosis follicularis [Darier's disease], keratosis pilaris), mycosis fungoides, nail psoriasis, oral lichen planus, and warts.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of topical tazarotene products is not recommended in the following situations:

1. Cosmetic Conditions. Cosmetic use is not recommended for coverage as this indication is excluded from coverage in a typical pharmacy benefit.

Note (this is not an all-inclusive list): Examples of cosmetic conditions include actinic purpura, age spots (also called liver spots, solar lentigines, sun spots), melasma/cholasma, milia, mottled hyperpigmentation, mottled hypopigmentation, photo-aged or photo-damaged skin, pokiloderma (of Civatte), premature aging, scarring, sebaceous hyperplasia, seborrheic keratosis, skin laxity, skin roughness, solar elastosis, solar purpura, stretch marks, and wrinkles.

2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

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