

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: 07/14/2021

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 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.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

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

FDA-Approved Indications

1. **Acne Vulgaris.** Approve for 3 years.
 2. **Plaque Psoriasis (Psoriasis Vulgaris).** Approve for 3 years.
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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: psoriasis of fingernails or toenails, oral lichen planus, congenital ichthyoses (X-linked recessive ichthyosis, non-erythrodermic autosomal recessive lamellar ichthyosis, autosomal dominant ichthyosis vulgaris), basal cell carcinoma, mycosis fungoides, cutaneous T-cell lymphoma, keratosis pilaris (atrophicans), actinic keratoses, skin neoplasms, warts, dermatitis/eczema, folliculitis, acne rosacea, cystic acne, comedonal acne.

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: Examples of cosmetic conditions include: alopecia, hyperpigmentation, liver spots, melasma/cholasma, seborrheic keratosis, stretch marks, scarring, wrinkles, premature aging, photo-aged or photo-damaged skin, mottled hyper- and hypopigmentation, benign facial lentiginos, roughness, telangiectasia, skin laxity, keratinocytic atypia, melanocytic atypia, dermal elastosis.

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

REFERENCES

1. Tazorac topical gel 0.05%, 0.1% [prescribing information]. Irvine, CA: Allergan; April 2018.
2. Tazorac cream 0.05%, 0.1% [prescribing information]. Irvine, CA: Allergan; July 2017.
3. Arazlo™ lotion [prescribing information]. Bridgewater, NJ: Bausch Health US; December 2019.
4. Fabior foam 0.1% [prescribing information]. Greenville, NC: Mayne Pharma; November 2016.
5. DRUGDEX® System. Thomson Reuters (Healthcare) Inc. Available at: <http://www.micromedexsolutions.com/home/dispatch>. Accessed on July 8, 2021. Search term: tazarotene.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	Acne Vulgaris. Removed the requirement that patient has had a trial with at least one other topical retinoid product. Non-Cosmetic Conditions Not Listed Above: The list of examples of was removed from the criteria and changed to a note. Cosmetic Conditions: The list of examples of examples was removed from the criteria and changed to a note.	07/01/2020
Annual Revision	No criteria changes.	07/14/2021