PRIOR AUTHORIZATION CRITERIA

DRUG CLASS	**RETINOID (TOPICAL)**
BRAND NAME (generic)	**TAZORAC (ALL TOPICAL) (tazarotene)**

Status: CVS Caremark® Criteria
Type: Initial Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Tazorac (tazarotene) Cream

Plaque Psoriasis

Tazorac Cream 0.05% and 0.1% are indicated for the topical treatment of patients with plaque psoriasis.

Acne Vulgaris

Tazorac Cream 0.1% is also indicated for the topical treatment of patients with acne vulgaris.

Tazorac (tazarotene) Gel

Plaque Psoriasis

Tazorac Gel 0.05% and 0.1% are indicated for the topical treatment of patients with plaque psoriasis of up to 20% body surface area involvement.

Acne Vulgaris

Tazorac Gel 0.1% is also indicated for the topical treatment of patients with facial acne vulgaris of mild to moderate severity.

The efficacy of Tazorac Gel in the treatment of acne previously treated with other retinoids or resistant to oral antibiotics has not been established.

Limitations of Use

The safety of Tazorac Gel use on more than 20% body surface area has not been established in psoriasis or acne.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the topical treatment of acne vulgaris
  AND
  - The request is NOT for continuation of therapy
    OR
  - The request is for continuation of therapy
    AND
    - The patient has achieved or maintained a positive clinical response as evidenced by improvement (e.g., reduction in number of lesions, etc.)

OR

- The requested drug is being prescribed for the treatment of plaque psoriasis
  AND
  - The plaque psoriasis affects less than or equal to 20 percent of the patient's body surface area

  AND
  - The request is NOT for continuation of therapy

    AND
    - The patient has experienced an inadequate treatment response to at least one topical corticosteroid [Note: The patient may continue to use a corticosteroid product (e.g., clobetasol, fluocinonide, mometasone, triamcinolone, etc.).]

    OR
    - The patient has experienced an intolerance to at least one topical corticosteroid

    OR
    - The patient has a contraindication that would prohibit a trial of topical corticosteroids

  OR
  - The request is for continuation of therapy

    AND
    - The patient has achieved or maintained a positive clinical response as evidenced by improvement (e.g., clear of almost clear outcome, patient satisfaction, etc.)

Duration of Approval (DOA):
- 353-A:
  - Acne Vulgaris: Initial therapy DOA: 4 months; Continuation of therapy DOA: 36 months
  - Plaque Psoriasis: Initial therapy DOA: 3 months; Continuation of therapy DOA: 36 months
- 224-A:
  - Acne Vulgaris: Initial therapy DOA: 4 months; Continuation of therapy DOA: 12 months
  - Plaque Psoriasis: Initial therapy DOA: 3 months; Continuation of therapy DOA: 12 months

REFERENCES

1. Tazorac Cream [package insert]. Exton, PA: Almirall, LLC.; August 2019.
2. Tazorac Gel [package insert]. Exton, PA: Almirall, LLC; August 2019.
3. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. https://online.lexi.com. Accessed March 2, 2023.
4. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 03/01/2023).
5. Elmets C, Korman N, Prater E, et al. Joint AAD-NPF Guidelines of care for the management and treatment of psoriasis with topical therapies and alternative medicine modalities for psoriasis severity measures. *J Am Acad Dermatol* 2021; 84:432-70.
6. Zaenglein AL, Pathy AL, Schlosser BJ, et al. Guidelines of care for the management of acne vulgaris. *J Am Acad Dermatol*. 2016; 74:945-73.