

# Initial Prior Authorization

## Fabior

### Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name	Dosage Form
Fabior	tazarotene	foam

### Indications

#### FDA-approved Indications

Fabior (tazarotene) Foam, 0.1% is indicated for the topical treatment of acne vulgaris in patients 12 years of age or older.

### Coverage Criteria

#### Acne Vulgaris

Authorization may be granted when the requested drug is being prescribed for the topical treatment of acne vulgaris

### Continuation Of Therapy

#### Acne Vulgaris

Reference number(s)
1005-A, 788-A

Authorization may be granted when the requested drug is being prescribed for the topical treatment of acne vulgaris when the following criteria is met:

- The patient has achieved or maintained a positive clinical response as evidenced by improvement (e.g., reduction in number of lesions, patient satisfaction, etc.)

## Duration of Approval (DOA)

- 788-A: Initial therapy DOA: 4 months; Continuation of therapy DOA: 12 months
- 1005-A: Initial therapy DOA: 4 months; Continuation of therapy DOA: 36 months

## References

1. Fabior Foam [package insert]. Greenville, NC: Mayne Pharma LLC; February 2023.
2. Lexicomp Online, Lexi-Drugs Online. Waltham, MA: UpToDate, Inc.; 2024. <https://online.lexi.com>. Accessed June 26, 2024.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 06/26/2024).
4. Reynolds RV, Yeung H, Cheng CE, et al. Guidelines of care for the management of acne vulgaris. *J Am Acad Dermatol*. 2024;90(5):1006.e1-1006.e30.