| Reference number(s) |
| --- |
| 2815-A |

# Initial Prior Authorization
# Tazorac

## 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 |
| --- | --- | --- |
| Tazorac | tazarotene | cream, gel |

## Indications

### 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

## Acne Vulgaris

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

## Plaque Psoriasis

Authorization may be granted when the requested drug is being prescribed for the treatment of plaque psoriasis when the following criteria is met:

- The plaque psoriasis affects less than or equal to 20 percent of the patient's body surface area (BSA).

# Continuation of Therapy

## Acne Vulgaris

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, etc.).

## Plaque Psoriasis

Authorization may be granted when the requested drug is being prescribed for the treatment of plaque psoriasis when ALL of the following criteria are met:

- The plaque psoriasis affects less than or equal to 20 percent of the patient's body surface area (BSA).
- The patient has achieved or maintained a positive clinical response as evidenced by improvement (e.g., clear of almost clear outcome, patient satisfaction, etc.).

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# Duration of Approval (DOA)

- 2815-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.; 2025. https://online.lexi.com. Accessed June 3, 2025.
4. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 06/03/2025).
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. 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.
7. U.S. Department of Health & Human Services. Burn Triage and Treatment – Thermal Injuries. Chemical Hazards Emergency Medical Management. February 21, 2025. Available at: https://chemm.hhs.gov/burns.htm. Accessed May 14, 2025.