

# PRIOR AUTHORIZATION CRITERIA

**BRAND NAME**  
(generic)

**FABIOR**  
(tazarotene foam)

**Status: CVS Caremark® Criteria**  
**Type: Initial Prior Authorization**

## POLICY

### 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

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.)

### 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; June 2018.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed June 12, 2023.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 06/12/2023).
4. Zaenglein AL, Pathy AL, Schlosser BJ, et al. Guidelines of care for the management of acne vulgaris. *J Am Acad Dermatol*. 2016;74(5):945-973.

Fabior PA Policy UDR 08-2023.docx

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