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.