

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

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

Tazorac PA Policy UDR 07-2024.docx

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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 or almost clear outcome, patient satisfaction, etc.)

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.; 2024. <https://online.lexi.com>. Accessed May 29, 2024.
4. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 05/29/2024).
5. 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.
6. 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.