

PRIOR AUTHORIZATION CRITERIA

DRUG CLASS	TAZAROTENE TOPICAL COMBINATIONS
BRAND NAME (generic)	DUOBRII (halobetasol propionate and tazarotene)
Status: CVS Caremark® Criteria Type: Initial Prior Authorization with Quantity Limit	

POLICY

FDA-APPROVED INDICATIONS

Duobrii (halobetasol propionate and tazarotene) lotion, 0.01%/0.045% is indicated for the topical treatment of plaque psoriasis in adults.

COVERAGE CRITERIA

Plaque Psoriasis

Authorization may be granted when the requested drug is being prescribed for the topical treatment of plaque psoriasis in an adult patient when ONE of the following criteria is met:

- The patient experienced an inadequate treatment response to a topical corticosteroid
- The patient experienced an intolerance to a topical corticosteroid

CONTINUATION OF THERAPY

Plaque Psoriasis

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

- The patient has achieved or maintained a positive clinical response as evidenced by improvement (e.g., clear or almost clear outcome, patient satisfaction, etc.)

QUANTITY LIMITS APPLY

100 grams per 25 days* or 300 grams per 75 days*

* The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

DURATION OF APPROVAL (DOA)

- 3062-C: Initial therapy DOA: 3 months; Continuation of therapy DOA: 12 months

REFERENCES

1. Duobrii [package insert]. Bridgewater, NJ: Bausch Health US, LLC.: January 2020.
2. Lexicomp Online, Lexi-Drugs Online. Waltham, MA: UpToDate, Inc.; 2024; Accessed May 29, 2024.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 05/29/2024).
4. 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.

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5. U.S. Department of Health & Human Services. Burn Triage and Treatment – Thermal Injuries. Chemical Hazards Emergency Medical Management. February 12, 2024. Available at: <https://chemm.hhs.gov/burns.htm>. Accessed May 29, 2024.
6. Eichenfield L, Tom W, Berger T, et al. Guidelines of Care for the Management of Atopic Dermatitis Section 2. Management and Treatment of Atopic Dermatitis with Topical Therapies. J Am Acad Dermatol 2014; 71:116-32

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