

PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

ARAZLO
(tazarotene lotion)

Status: CVS Caremark® Criteria

Type: Initial Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Arazlo (tazarotene) lotion, 0.045% is indicated for the topical treatment of acne vulgaris in patients 9 years of age and older.

COVERAGE CRITERIA

Acne Vulgaris

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

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, patient satisfaction, etc.)

DURATION OF APPROVAL (DOA)

- 3496-A: Initial therapy DOA: 4 months; Continuation of therapy DOA: 36 months

REFERENCES

1. Arazlo [package insert]. Bridgewater, NJ: Bausch Health US, LLC; August 2023.
2. Lexicomp Online, Lexi-Drugs Online, Hudson, OH: UpToDate, Inc.; 2024; Accessed February 12, 2024.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 02/12/2024).
4. Reynolds RV, Yeung H, Cheng CE, et al. Guidelines of care for the management of acne vulgaris. *J Am Acad Dermatol*. 2024;1:e1-30.

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