

# PRIOR AUTHORIZATION CRITERIA

<b>DRUG CLASS</b>	<b>RETINOID (TOPICAL)</b>
<b>BRAND NAME (generic)</b>	<b>TAZORAC (ALL TOPICAL) (tazarotene)</b>

**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 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 meets ONE of the following:
  - The patient has experienced an inadequate treatment response to at least ONE topical corticosteroid [NOTE: The patient may continue to use a corticosteroid product (e.g., clobetasol, fluocinonide, mometasone, triamcinolone, etc.).]
  - The patient has experienced an intolerance to at least ONE topical corticosteroid

Tazorac PA Policy UDR 07-2024.docx

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

©2024 CVS Health and/or its affiliates. All rights reserved. 106-58428A 021423

- The patient has a contraindication that would prohibit a trial of ALL topical corticosteroids

## **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, 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)**

- 224-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
- 353-A:
  - Acne Vulgaris: Initial therapy DOA: 4 months; Continuation of therapy DOA: 36 months
  - Plaque Psoriasis: Initial therapy DOA: 3 months; Continuation of therapy DOA: 36 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. 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.
6. 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.