

## PRIOR AUTHORIZATION CRITERIA

<b>BRAND NAME</b> (generic)	<b>FABIOR</b> (tazarotene foam)
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**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**

Fabior will be covered with prior authorization when the following criteria are met:

- The patient has a diagnosis of acne vulgaris

**AND**

- If the patient is female and able to bear children, the pregnancy status of the patient been evaluated and the patient is aware of the potential risks of fetal harm and importance of birth control while using Fabior

#### **REFERENCES**

1. Fabior foam [package insert]. Research Triangle Park, NC: Stiefel Laboratories, Inc.; January 2014.
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3. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; [http://online.lexi.com/lco/action/index/dataset/complete\\_ashp](http://online.lexi.com/lco/action/index/dataset/complete_ashp) [available with subscription]. Accessed June 2015.
4. Strauss J, Krowchuk D, Leyden J, et al. Guidelines of Care for Acne Vulgaris Management. *J Am Acad Dermatol*. 2007;56:651-663.
5. Thiboutot D, Gollnick H, Bettoli V, et al. New Insights into the Management of Acne: An update from the Global Alliance to Improve Outcomes in Acne Group. *J Am Acad Dermatol*. 2009;60;S1-50.