

## PRIOR AUTHORIZATION CRITERIA

<b>DRUG CLASS</b>	<b>RETINOID (TOPICAL)</b>
<b>BRAND NAME (generic)</b>	<b>TAZORAC (ALL TOPICAL) (tazarotene)</b>
<b>Status: CVS Caremark Criteria</b>	
<b>Type: Initial Prior Authorization</b>	

### POLICY

#### FDA-APPROVED INDICATIONS

##### **Tazorac (tazarotene) Cream**

Tazorac Cream 0.05% and 0.1% are indicated for the topical treatment of patients with plaque psoriasis. Tazorac Cream 0.1% is also indicated for the topical treatment of patients with acne vulgaris.

##### **Tazorac (tazarotene) Gel**

Tazorac Gel 0.05% and 0.1% are indicated for the topical treatment of patients with stable plaque psoriasis of up to 20% body surface area involvement.

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.

#### COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has a diagnosis of acne vulgaris
  - OR**
  - The requested drug is being prescribed for plaque psoriasis to treat less than 20 percent of the patient's body surface area
  - AND**
  - The patient has experienced an inadequate treatment response, intolerance or contraindication to at least one topical corticosteroid
- [Note: The patient may continue to use a corticosteroid product (e.g., clobetasol, fluocinonide, mometasone, triamcinolone, etc.).]

#### REFERENCES

1. Tazorac Cream [package insert]. Irvine, CA: Allergan, Inc; December 2013.

2. Tazorac Gel [package insert]. Irvine, CA: Allergan, Inc; July 2014.
3. Avage [package insert]. Irvine, CA: Allergan, Inc; September 2016.
4. 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 March 2017.
5. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. [www.micromedexsolutions.com](http://www.micromedexsolutions.com) [available with subscription]. Accessed March 2017.
6. Menter A, Korman N, Elmets C, et al. Guidelines of Care for the Management of Psoriasis and Psoriatic Arthritis. *J Am Acad Dermatol*. 2009;60:643-659.
7. Zaenglein A, Pathy A, Schlosser B, et al. Guidelines of Care for the Management of Acne Vulgaris. *J Am Acad Dermatol*. 2016; In Press Corrected Proof. [http://www.jaad.org/article/S0190-9622\(15\)02614-6/pdf](http://www.jaad.org/article/S0190-9622(15)02614-6/pdf). Accessed March 2017.