



PRIOR AUTHORIZATION POLICY

- POLICY:** Topical Retinoids – Tazarotene Products Prior Authorization Policy
- Arazlo™ (tazarotene 0.045% lotion – Bausch Health)
 - Fabior® (tazarotene 0.1% foam – Mayne Pharma)
 - Tazorac® (tazarotene 0.05% cream, 0.05% gel, 0.1% cream, and 0.1% gel – Allergan, generic to 0.1% cream only)

REVIEW DATE: 08/02/2023

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CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Tazorac gel is indicated for the following uses:¹

- **Plaque psoriasis**, in patients with up to 20% body surface area involvement (0.05% and 0.1% strengths).
- **Facial acne vulgaris**, in patients with mild to moderate severity (0.1% strength only).

Tazorac cream is indicated for the following uses:²

- **Plaque psoriasis** (0.05% and 0.1% strengths).
- **Acne vulgaris** (0.1% strength only).

Both Arazlo lotion and Fabior foam are indicated for the topical treatment of **acne vulgaris**.^{3,4}

In addition to acne vulgaris and plaque psoriasis, topical tazarotene products have been used to treat other medical skin conditions, such as basal cell carcinoma and congenital ichthyoses.⁵⁻¹³ Topical tazarotene products have also been used to treat

cosmetic skin conditions such as wrinkles, premature aging, and treatment of photo-aged or photo-damaged skin.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of topical tazarotene products. All approvals are provided for the duration noted below.

Prior authorization and prescription benefit coverage are not recommended for cosmetic uses.

- **Arazlo™ (tazarotene 0.045% lotion – Bausch Health)**
- **Fabior® (tazarotene 0.1% foam – Mayne Pharma)**
- **Tazorac® (tazarotene 0.05% cream, 0.05% gel, 0.1% cream, and 0.1% gel – Allergan, generic to 0.1% cream only)**

is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indications

- 1. Acne Vulgaris.** Approve for 1 year.
- 2. Plaque Psoriasis.** Approve for 1 year.

Other Uses with Supportive Evidence

- 3. Treatment of Other Non-Cosmetic Conditions.** Approve for 1 year.

Note: Examples of other non-cosmetic conditions include: acne keloidalis nuchae, basal cell carcinoma, comedonal acne, cystic acne, cutaneous T-cell lymphoma, ichthyosis (e.g., congenital, lamellar, vulgaris, X-linked), keratoderma blennorrhagicum, keratosis (e.g., keratosis follicularis [Darier's disease], keratosis pilaris), mycosis fungoides, nail psoriasis, oral lichen planus, and warts.

CONDITIONS NOT COVERED

- **Arazlo™ (tazarotene 0.045% lotion – Bausch Health)**
- **Fabior® (tazarotene 0.1% foam – Mayne Pharma)**
- **Tazorac® (tazarotene 0.05% cream, 0.05% gel, 0.1% cream, and 0.1% gel – Allergan, generic to 0.1% cream only)**

is(are) considered not medically necessary for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

- 1. Cosmetic Conditions.** Cosmetic use is not recommended for coverage as this indication is excluded from coverage in a typical pharmacy benefit.

Note (this is not an all-inclusive list): Examples of cosmetic conditions include actinic purpura, age spots (also called liver spots, solar lentigines, sun spots), melasma/cholasma, milia, mottled hyperpigmentation, mottled hypopigmentation, photo-aged or photo-damaged skin, pokiloderma (of Civatte), premature aging, scarring, sebaceous hyperplasia, seborrheic keratosis, skin laxity, skin roughness, solar elastosis, solar purpura, stretch marks, and wrinkles.

REFERENCES

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3. Arazlo™ lotion [prescribing information]. Bridgewater, NJ: Bausch Health US; May 2021.
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HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	<p>Treatment of Other Non-Cosmetic Conditions: The Note was revised. The following conditions were added: acne keloidalis nuchae; keratoderma blennorrhagicum; and keratosis (e.g., keratosis follicularis [Darier disease]). The following were clarified: congenital ichthyoses (X-linked recessive ichthyosis, non-erythrodermic autosomal recessive lamellar ichthyosis, autosomal dominant ichthyosis vulgaris) as ichthyosis (e.g., congenital, lamellar, vulgaris, X-linked); keratosis pilaris (atrophicans) as keratosis pilaris; and psoriasis of the fingernails or toenails as nail psoriasis. The following were deleted: actinic keratosis; skin neoplasms; dermatitis/eczema; folliculitis; and acne rosacea.</p> <p>Conditions Not Covered : Under Cosmetic Conditions, it was clarified in the Note that the list of conditions is not all-inclusive. The following conditions were added: actinic purpura; age spots (e.g., sunspots); milia;</p>	07/27/2022

	pokiloderma (of Civatte); sebaceous hyperplasia; solar elastosis; and solar purpura. Facial lentigines was clarified as solar lentigines. The following were deleted: alopecia; hyperpigmentation; telangiectasia; keratinocyte atypia; melanocytic atypia; and dermal elastosis.	
Annual Revision	No criteria changes.	08/02/2023

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