PRIOR AUTHORIZATION CRITERIA

<table>
<thead>
<tr>
<th>DRUG CLASS</th>
<th>RETINOID (TOPICAL)</th>
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</thead>
<tbody>
<tr>
<td>BRAND NAME</td>
<td>TAZORAC (ALL TOPICAL)</td>
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<tr>
<td>(generic)</td>
<td>(tazarotene)</td>
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</tbody>
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**Status:** CVS Caremark Criteria  
**Type:** Initial Prior Authorization

**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**

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

- The requested drug is being prescribed for acne vulgaris  
  **OR**
- The requested drug is being prescribed for plaque psoriasis AND it will be applied to less than 20 percent of the patient’s body surface area  
  **AND**
  - Patient has tried at least one topical corticosteroid (e.g., clobetasol, fluocinonide, mometasone, triamcinolone) OR the patient has experienced an adverse event, intolerance, or contraindication to topical corticosteroids  
    **[Note: The patient may still be using a corticosteroid product IN ADDITION TO Tazorac.]**
  **AND**
- Patient is NOT able to bear children  
  **OR**
- Patient is able to bear children AND the pregnancy status of the patient has been evaluated, and the patient is aware of the potential risks of fetal harm and importance of birth control while using the requested drug

**REFERENCES**