

Clinical Policy: Tazarotene (Tazorac)

Reference Number: PA.CP.PMN.75

Effective Date: 01/18

Last Review Date: 11/16

Line of Business: Medicaid

[Coding Implications](#)

[Revision Log](#)

Description

Tazarotene (Tazorac[®]) cream and gel are retinoids. Prior authorization is required for Tazorac for member \geq 21 years of age.

FDA approved indication

- Plaque psoriasis
- Acne vulgaris.

Policy/Criteria

Provider must submit documentation (including office chart notes and lab results) supporting that member has met all approval criteria

It is the policy of Pennsylvania Health and Wellness[®] that Tazorac is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Plaque Psoriasis or Acne Vulgaris (must meet all):

1. Member has one of the following diagnoses (a or b):
 - a. Plaque psoriasis;
 - b. Acne vulgaris;
2. Request does not exceed health plan approved quantity limit.

Approval duration: 12 months

- ##### B. Other diagnoses/indications – Refer to PA.CP.PMN.53 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized)

II. Continued Therapy

A. Plaque Psoriasis or Acne Vulgaris (must meet all):

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has met all initial approval criteria; or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. If request is for a dose increase, new dose does not exceed health plan approved quantity limit.

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via Pennsylvania Health and Wellness benefit and documentation supports positive response to therapy; or the Continuity of Care policy (PA.LTSS.PHAR.01) applies; or
2. Refer to PA.CP.PMN.53 if requested indication is NOT listed under section III (Diagnoses/Indications for which coverage is NOT authorized)

Approval duration: 12 months

III. Diagnoses/Indications for which coverage is NOT authorized:

- A. Facial wrinkles or photoaging;
- B. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label policy – PA.CP.PMN.53 or evidence of coverage documents

IV. Appendices/General Information

Appendix A: Abbreviation Key

FDA: Food and Drug Administration

V. Dosage and Administration

Drug	Recommended Dosage	Maximum Dose
Tazorac (cream)	Apply a thin layer of cream only to the affected area once daily in the evening	Apply once daily
Tazorac (gel)	Apply gel once a day, in the evening, to psoriatic lesions, using enough (2 mg/cm ²) to cover only the lesion with a thin film to no more than 20% of body surface area. Apply a thin film of gel 0.1% (2 mg/cm ²) once a day, in the evening, to the skin where acne lesions appear.	Increase to 0.1% if tolerated and apply once daily

VI. Product Availability

Cream: 0.05% and 0.1%

Gel: 0.05% and 0.1%

VII. References

1. Tazorac Gel Prescribing Information. Irvin, CA: Allergan, Inc., May 2014. Available at <http://www.allergan.com>. Accessed September 22, 2016.
2. Tazorac Cream Prescribing Information. Irvin, CA: Allergan, Inc., December 2013. Available at <http://www.allergan.com>. Accessed September 22, 2016.
3. Clinical Pharmacology. Tampa, FL: Gold Standard; 2016. Available at www.clinicalpharmacology.com. Accessed September 23, 2016.
4. Zaenglein AL, Pathy AL, Schlosser BJ et al. Guidelines of care for the management of acne vulgaris. J Am Acad Dermatol. 2016 May;74(5):945-73.e33. doi: 10.1016/j.jaad.2015.12.037.

CLINICAL POLICY

Tazarotene



Reviews, Revisions, and Approvals	Date	Approval Date