Pharmacy Drug Policy & Procedure

Policy Name:	Tazorac (tazarotene)	Policy#:	1899P

Purpose of the Policy

The purpose of this policy is to define coverage criteria for Tazorac (tazarotene)

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Tazorac (tazarotene) under the pharmacy benefit if the following criteria are met.

Criteria

1. Coverage Criteria for Acne

1.1 Documented diagnosis of acne vulgaris

1.2 Documented trial and failure of at least two formulary generic agents (e.g., topical agents such as tretinoin, adapalene, or oral tetracyclines) or documented contraindication to all topical agent and oral tetracyclines

2. Coverage Criteria for Plaque Psoriasis

2.1 Documented diagnosis of plaque psoriasis

2.2 Documented trial and failure of two topical formulary generic agents (e.g., corticosteroids, retinoids) required

3. Managed Dose Limit

3.1 All skin products have a Managed Dose Limit (MDL) in place allowing only the smallest package size of each product to process

3.2 Requests for larger package sizes will require documentation of medical necessity, including the following:

- At least two previous paid claims for the product in the smallest package size within the previous month

4. Approval Period

4.1 12 months

CPT Codes	
HCPCS Codes	

References

1. Tazorac (tazarotene) [prescribing information]. Exton, PA: Almirall, LLC; August 2019.
2. Elmets CA, Korman NJ, Prater EF, et al. Joint AAD-NPF Guidelines of care for the management and

treatment of psoriasis with topical therapy and alternative medicine modalities for psoriasis severity measures. Journal of the American Academy of Dermatology. Clinical Practice Guideline. 2020 July 29.
3. Zaenglein AL, Pathy AL, Schlosser BJ, et al. Guidelines of care for the management of acne vulgaris. J Am Acad Dermatol. 2016;74(5):945-973.

Created Date: 06/06/2012
Effective Date: 06/06/2012
Posted to Website: 01/01/2022
Revision Date: 04/03/2024