



## Commercial & HealthCare Exchange PA Criteria Effective: June 3, 2020

**Prior Authorization:** Arazlo

**Products Affected:** Arazlo (tazarotene) 0.045% Lotion

**Medication Description:** Arazlo lotion is a synthetic, acetylenic retinoid which modulates differentiation and proliferation of epithelial tissue and exerts some degree of anti-inflammatory and immunological activity.

**Covered Uses:** Acne Vulgaris

**Exclusion Criteria:** Pregnancy

**Required Medical Information:**

1. Diagnosis
2. Previous therapies tried/failed

**Age Restrictions:** 9 years of age or older

**Prescriber Restrictions:** N/A

**Coverage Duration:** 12 months

**Other Criteria:**

Approve if the patient meets the following criteria:

1. Patient has a diagnosis of acne vulgaris; **AND**
2. Patient has tried at least **TWO** formulary alternatives (e.g., Benzoyl peroxide/clindamycin, Benzoyl peroxide, Clindamycin, Clindamycin Phosphate/Benzoyl peroxide, Sodium sulfacetamide, Erythromycin gel, Erythromycin-Benzoyl).

**References:**

1. Arazlo (tazarotene) [prescribing information]. Bridgewater, NJ; Bausch Health US. LLC; December 2019.
2. Tazarotene. Lexi-Drugs. Lexicomp. Wolters Kluwer Health, Inc. Riverwoods, IL
3. Tazarotene. IBM Micromedex® DRUGDEX®. IBM Watson Health, Greenwood Village, Colorado, USA. May 2020.

**Policy Revision history**

Rev #	Type of Change	Summary of Change	Sections Affected	Date
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Last Rev: 06/03/2020

1	New Policy	New Policy	All	06/03/2020
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