



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
-------	----------------	-------------------	-------------------	------

Last Rev: 06/03/2020

1	New Policy	New Policy	All	06/03/2020
---	------------	------------	-----	------------

