

PRIOR AUTHORIZATION CRITERIA

BRAND NAME

(generic)

FABIOR
(tazarotene foam)

Status: CVS Caremark Criteria

Type: Initial Prior Authorization

POLICY**FDA-APPROVED INDICATIONS**

Fabior (tazarotene) Foam, 0.1% is indicated for the topical treatment of acne vulgaris in patients 12 years of age or older.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has the diagnosis of acne vulgaris

REFERENCES

1. Fabior Foam [package insert]. Greenville, NC: Mayne Pharma LLC; June 2018.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2021; Accessed July 12, 2021.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed July 12, 2021.
4. Zaenglein AL, Pathy AL, Schlosser BJ, et al. Guidelines of care for the management of acne vulgaris. *J Am Acad Dermatol*. 2016;74:945-73.