



**BlueCross
BlueShield**

Federal Employee Program.

TAZAROTENE

Tazorac (tazarotene), Arazlo (tazarotene), Fabior (tazarotene), tazarotene powder

Pre - PA Allowance

Age Age less than 35 – no restriction
 Age 35 or greater – no Pre-PA allowance

Prior-Approval Requirements

Age 35 years of age or older
 No PA needed for age < 35

Diagnoses

Patient must have **ONE** of the following:

1. Acne vulgaris
 - a. Comedones
 - b. Cysts (eruptive vellus hair cyst, cystic acne)
 - c. Papules
 - d. Pustules
2. Acne conglobata
3. Plaque psoriasis
4. Patient is at high risk (i.e., immunocompromised, post organ transplant) with one of the following diagnoses:
 - a. Actinic keratosis
 - b. Basal cell carcinoma
 - c. Squamous cell carcinoma

AND the following for **ALL** indications:

- a. Female patients of reproductive potential will be advised to use effective contraception during treatment

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 35 years of age or older
 No PA needed for age < 35



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Diagnoses

Patient must have **ONE** of the following:

1. Acne vulgaris
 - a. Comedones
 - b. Cysts (eruptive vellus hair cyst, cystic acne)
 - c. Papules
 - d. Pustules
2. Acne conglobata
3. Plaque psoriasis
 - a. Improvement in lesions
4. Patient is at high risk (i.e., immunocompromised, post organ transplant) with one of the following diagnoses:
 - a. Actinic keratosis
 - b. Basal cell carcinoma
 - c. Squamous cell carcinoma

AND the following for **ALL** indications:

- a. Female patients of reproductive potential are not currently pregnant **AND** will be advised to use effective contraception during treatment

Prior – Approval *Renewal* Limits

Same as above