BlueCross BlueShield Federal Employee Program.

TAZAROTENE
PRIOR APPROVAL REQUEST

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn. Clinical Services
Fax: 1-877-378-4727

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Patient Information (required)			**Provider Information (required)**		
Date:			Provider Name:		
Patient Name:			Specialty:	NPI:	
Date of Birth:	Sex: ❑Male ❑Female		Office Phone:	Office Fax:	
Street Address:			Office Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Patient ID: **R**			Physician Signature:		
PHYSICIAN COMPLETES					

Tazorac, Arazlo, Fabior Foam, Tazarotene Powder

****Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit**

*****Prior Approval is NOT required for these agents if the patient is LESS THAN 35 years old**

NOTE: Form must be completed in its **entirety** for processing

Is this request for brand or generic? ❑Brand ❑Generic

1. What is the patient's diagnosis?
   - ❑Acne conglobata
   - ❑Acne vulgaris
   - ❑Actinic keratosis
   - ❑Basal cell carcinoma
   - ❑Comedones
   - ❑Cysts (eruptive vellus hair cyst, cystic acne)
   - ❑Papules
   - ❑Plaque psoriasis
   - ❑Pustules
   - ❑Squamous cell carcinoma
   - ❑Other diagnosis ***(please specify)***: _____

2. **Actinic Keratosis, Basal Cell Carcinoma, or Squamous Cell Carcinoma Diagnosis**: Is the patient considered high risk such as being immunocompromised or post organ transplant? ❑Yes***** ❑No, the patient is not considered high risk
   ****If YES***, select one of the following: ❑High risk and is immunocompromised ❑High risk and is post organ transplant
   ❑Other reason ***(please specify)***: _____

3. Has the patient been on this medication continuously for the last **6 months**, excluding samples? ***Please select answer below:***

   ❑**NO** – this is **INITIATION** of therapy, please answer the following question:
   a. **FEMALE Patient**: Is the patient of reproductive potential? ❑Yes***** ❑No
   ****If YES***, will the patient be advised to use effective contraception during treatment? ❑Yes ❑No

   ❑**YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the following question(s):
   a. **FEMALE Patient**: Is the patient of reproductive potential? ❑Yes***** ❑No
   ****If YES***, is the patient currently pregnant? ❑Yes ❑No*****
   ****If NO***, will the patient be advised to use effective contraception during treatment? ❑Yes ❑No
   b. **Plaque Psoriasis Diagnosis**: Has there been an improvement in the lesions? ❑Yes ❑No

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Message:

Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

Electronically Online (ePA) Results in 2-3 **minutes** **FASTEST AND EASIEST**	Now you can get responses to drug Prior Authorization requests **securely** online. **Online** submissions may receive **instant** responses and do not require faxing or phone calls. Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to **Caremark.com/ePA.**
Phone (4-5 **minutes** for response)	The FEP Clinical Call Center can be reached at **(877)-727-3784** between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same information contained on the attached form. Please review the form and have your answers ready for faster service. The process over the phone takes on average between 4 and 5 minutes.
Fax (3-5 **days** for response)	Fax the attached form to **(877)-378-4727**. Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the Prior Authorization request cannot be processed. ***Please only fax the completed form once as duplicate submissions may delay processing times.***