



**BlueCross
BlueShield**

TARGETRETIN
Federal Employee Program. **PRIOR APPROVAL REQUEST**

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.

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**

Patient Information (required)				Provider Information (required)		
Date:				Provider Name:		
Patient Name:				Specialty:		NPI:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			Office Phone:		Office Fax:
Street Address:				Office Street Address:		
City:	State:	Zip:		City:	State:	Zip:
Patient ID:	<div style="border: 1px solid black; padding: 2px;"> R </div>			Physician Signature:		
PHYSICIAN COMPLETES						

Targretin 1% gel

(bexarotene)

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

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?

- ☐ Cutaneous T-Cell Lymphoma (CTCL)
☐ Mycosis Fungoides (MF)
☐ Primary cutaneous B-cell lymphoma
☐ Sezary Syndrome (SS)
☐ Other diagnosis (*please specify*): _____

2. **FEMALE Patient:** Is the patient of reproductive potential? ☐ Yes* ☐ No

***If YES,** is the patient pregnant? ☐ Yes ☐ No*

***If NO,** please answer the following questions:

- a. Does the prescriber agree that a negative pregnancy test will be obtained within one week before starting therapy and monthly throughout therapy? ☐ Yes ☐ No
- b. Does the prescriber agree to advise the patient to use a reliable form of contraception during therapy and for one month after discontinuation of therapy? ☐ Yes ☐ No

3. **MALE Patient:** Does the patient have a female partner of reproductive potential? ☐ Yes* ☐ No

***If YES,** does the prescriber agree to advise the patient to use condoms during therapy and for at least one month after discontinuation of therapy? ☐ Yes ☐ No

4. Has the patient been on Targretin gel continuously for the last **6 months**, excluding samples? **Please select answer below:**

☐ **NO** – this is **INITIATION** of therapy, please answer the following question:

- a. Does the patient have an intolerance or have they had an inadequate treatment response to at least **ONE** prior therapy including systemic, irradiation, and/or topical therapy? ☐ Yes ☐ No

☐ **YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the following question:

- a. Has the patient had an improvement with treatment based on the CAIS score or decrease in severity of scaling, plaque elevation, or surface area? ☐ 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:

<p>Electronically Online (ePA) Results in 2-3 minutes FASTEST AND EASIEST</p>	<p>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.</p>
<p>Phone (4-5 minutes for response)</p>	<p>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.</p>
<p>Fax (3-5 days for response)</p>	<p>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. <u>Please only fax the completed form once as duplicate submissions may delay processing times.</u></p>

**faster...
easier...
better...**

Introducing ePA! Online Prior Authorizations in minutes through **Caremark.com/ePA**. Sign up today!

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