US Family Health Plan
Prior Authorization Request Form for
Inhaled Corticosteroids: Aerospan, Alvesco, Arnuity Ellipta, Asmanex HFA, Asmanex Twisthaler, Pulmicort Flexhaler, QVAR, QVAR Redihaler

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) US Family Health Plan Pharmacy Program. US Family Health Plan is a TRICARE contractor for DoD.

The completed form may be **faxed** to **617-562-5296**

OR

The patient may attach the completed form to the prescription and **mail** it to:
Attn: Pharmacy, 77 Warren St, Brighton, MA 02135

QUESTIONS? **Call 1-877-880-7007**

Note: Prior authorization criteria applies for patients who are older than 12 years.

Step 1

Please complete patient and physician information (please print):

Patient Name: ______________________ Physician Name: ______________________
Address: ______________________ Address: ______________________
______________________ ______________________
Sponsor ID # ______________________ Phone #: ______________________
Date of Birth: Secure Fax #:

Step 2

Please complete the clinical assessment:

1. Which medication is requested?	☐ **Pulmicort Flexhaler** (budesonide) – **Proceed to question 2** ☐ **All others – Proceed to question 3**

2. *(Pulmicort Flexhaler/ budesonide request)* **Is the patient a female who is pregnant?**	☐ Yes Sign and date below	☐ No Proceed to question 3
3. Has the patient tried Flovent Diskus or Flovent HFA and experienced an inadequate response or an intolerable adverse effect?	☐ Yes Sign and date below	☐ No Proceed to question 4
4. Does the patient have a contraindication to Flovent Diskus or Flovent HFA?	☐ Yes Sign and date below	☐ No Proceed to question 5
5. Has the patient previously responded to the requested agent and changing to Flovent would incur an unacceptable risk?	☐ Yes Sign and date below	☐ No Coverage not approved

Step 3

I certify the above is true to the best of my knowledge. Please sign and date:

______________________ Prescriber Signature ____________ Date

[14 February 2018]