US Family Health Plan
Prior Authorization Request Form for
Topical Acne and Rosacea Agents: Topical Azelaic Acid Products

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 **855-273-5735**

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**

Finacea is only approved for treatment of rosacea, and Azelex is only approved for acne, based on the package labeling. Prior authorization expires after one year.

usfamilyhealth.org/rx-pa

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. What medication is being requested?	☐ Azelex Proceed to question 2	☐ Finacea Proceed to question 5
2. Does the patient have a diagnosis of acne?	☐ Yes Proceed to question 3	☐ No **STOP** **Coverage not approved**
3. Is the patient pregnant?	☐ Yes Sign and date below	☐ No Proceed to question 4
4. Has the patient tried and failed at least three topical acne agents, including combination therapy with clindamycin and benzoyl peroxide?	☐ Yes Sign and date below	☐ No **STOP** **Coverage not approved**
5. Does the patient have a diagnosis of rosacea?	☐ Yes Proceed to question 6	☐ No **STOP** **Coverage not approved**
6. Is the patient pregnant?	☐ Yes Sign and date below	☐ No Proceed to question 7
7. Has the patient tried and failed or cannot tolerate topical metronidazole? Topical generic products are metronidazole 1% gel, 0.75% lotion, and 0.75% cream.	☐ Yes Sign and date below	☐ No **STOP** **Coverage not approved**

Step 3 **I certify the above is true to the best of my knowledge.** Please sign and date:

Prescriber Signature _____ Date _____

[3 August 2018]