

US Family Health Plan

Prior Authorization Request Form For fluticasone/salmeterol HFA (Advair HFA)

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**

Note: PA criteria do not apply to children younger than 12 years of age.

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:

<p>1. The provider acknowledges that generic fluticasone/salmeterol diskus (for example, Wixela and other generics) and generic budesonide/formoterol (Symbicort) are available without requiring prior authorization and the provider should consider writing for generic fluticasone/salmeterol diskus or generic budesonide/formoterol instead.</p>	<input type="checkbox"/> Acknowledged Proceed to question 2	
<p>2. The provider acknowledges that if the patient requires an hydrofluoroalkane (HFA) inhaler that generic budesonide/formoterol (Symbicort) is an HFA inhaler and the provider should consider writing for generic budesonide/formoterol instead.</p>	<input type="checkbox"/> Acknowledged Proceed to question 3	
<p>3. Has the patient experienced significant adverse effects from generic fluticasone/salmeterol diskus that is not expected to occur with brand Advair HFA?</p>	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No Proceed to question 4
<p>4. Has the patient had an inadequate response to generic fluticasone/salmeterol diskus?</p>	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No Proceed to question 5
<p>5. Has the patient previously responded to Advair HFA and changing to fluticasone/salmeterol diskus would incur unacceptable risk?</p>	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> 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