US Family Health Plan
Authorization Request Form for
fluticasone/vilanterol (Breo Ellipta)

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.

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. The provider acknowledges that generic fluticasone/salmeterol diskus (for example, Wixela) and budesonide/formoterol (Symbicort) are available without requiring prior authorization and the provider should consider writing for generic fluticasone/salmeterol or generic budesonide/formoterol instead.	☐ Acknowledged Proceed to question 2	
2. Is the use of generic budesonide/formoterol (Symbicort) and generic fluticasone/salmeterol diskus (for example, Wixela) contraindicated?	☐ Yes Sign and date below	☐ No Proceed to question 3
3. Has the patient experienced significant adverse effects from generic budesonide/formoterol (Symbicort) and generic fluticasone/salmeterol diskus (for example, Wixela) that is not expected to occur with the requested medication?	☐ Yes Sign and date below	☐ No Proceed to question 4
4. Has the use of generic budesonide/formoterol (Symbicort) and generic fluticasone/salmeterol diskus (for example, Wixela) resulted or are likely to result in therapeutic failure?	☐ Yes Sign and date below	☐ No Proceed to question 5
5. Has the patient previously responded to the requested medication and changing to generic budesonide/formoterol (Symbicort) and generic fluticasone/salmeterol diskus (for example, Wixela) would incur unacceptable risk?	☐ 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

[28 Feb 2024]