US Family Health Plan Prior Authorization Request Form for flurandrenolide 4 mcg/sq.cm (**Cordran**) tape

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

	expires after 30 days.					
Please complete patient and physician information (please print):						
Patient Na	ne: Physician Name					
Address:		Address:				
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	•					
	Is the requested medication being prescribed by a dermatologist or plastic surgeon?		🗆 Yes	🗆 No		
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	rouider ooknowledges that this event has been	_		Coverage not approved		
id in flu	entified as having cost-effective alternatives, cluding clobetasol propionate 0.05% ointment and uocinonide 0.05% cream and fluocinonide 0.05%		Proceed to question 3			
ac ex dr tra sh	ccomplished by using an alternative agent (for cample, fluocinonide 0.05% cream) with an occlusiv ressing. Please note occlusion increases ansmission (i.e., potency); a lower potency agent nould be used as an alternative to flurandrenolide	e	Proceed to question 4			
ha re ha	ave a contraindication to, or has had an adverse action to clobetasol propionate 0.05% ointment OF alobetasol propionate 0.05% ointment OR	Proce		☐ No STOP Coverage not approved		
	Please co Patient Na Address: Sponsor I Date of Bi Please C 1. Is da 2. P id in flu so 3. P ac ep di tra sh ta ta	Please complete patient and physician information (ple Patient Name: Physi Address: Physi Sponsor ID # Se Date of Birth: Se Please complete the clinical assessment: Se Please complete the clinical assessment: Se 1. Is the requested medication being prescribed by a dermatologist or plastic surgeon? Se 2. Provider acknowledges that this agent has been identified as having cost-effective alternatives, including clobetasol propionate 0.05% ointment and fluocinonide 0.05% cream and fluocinonide 0.05% solution. These agents do not require a PA. 3. Provider acknowledges that barrier function can be accomplished by using an alternative agent (for example, fluocinonide 0.05% cream) with an occlusiv dressing. Please note occlusion increases transmission (i.e., potency); a lower potency agent should be used as an alternative to flurandrenolide tape if used with a barrier. 4. Has the patient tried for at least 2 weeks and failed, have a contraindication to, or has had an adverse	Please complete patient and physician information (please print): Patient Name: Physician Name: Address: Physician Name: Address: Address: Sponsor ID # Phone #: Date of Birth: Secure Fax #: Please complete the clinical assessment: Phone #: 1. Is the requested medication being prescribed by a dermatologist or plastic surgeon? Proced Provider acknowledges that this agent has been identified as having cost-effective alternatives, including clobetasol propionate 0.05% ointment and fluocinonide 0.05% cream and fluocinonide 0.05% solution. These agents do not require a PA. 3. Provider acknowledges that barrier function can be accomplished by using an alternative agent (for example, fluocinonide 0.05% cream) with an occlusive dressing. Please note occlusion increases transmission (i.e., potency); a lower potency agent should be used as an alternative to flurandrenolide tape if used with a barrier. 4. Has the patient tried for at least 2 weeks and failed, have a contraindication to, or has had an adverse reaction to clobetasol propionate 0.05% ointment OR halobetasol propionate 0.05% ointment OR	Please complete patient and physician information (please print): Patient Name: Physician Name: Address: Address: Address: Address: Sponsor ID # Phone #: Date of Birth: Secure Fax #: Please complete the clinical assessment: Is the requested medication being prescribed by a dermatologist or plastic surgeon? Proceed to question 2 2. Provider acknowledges that this agent has been identified as having cost-effective alternatives, including clobetasol propionate 0.05% ointment and fluocinonide 0.05% cream and fluocinonide 0.05% solution. These agents do not require a PA. Proceed to question 2 3. Provider acknowledges that barrier function can be accomplished by using an alternative agent (for example, fluocinonide 0.05% cream) with an occlusive dressing. Please note occlusion increases transmission (i.e., potency); a lower potency agent should be used as an alternative to flurandrenolide tape if used with a barrier. Proceed to question 5 4. Has the patient tried for at least 2 weeks and failed, have a contraindication to, or has had an adverse reaction to clobetasol propionate 0.05% ointment OR halobetasol propionate 0.05% ointment OR Proceed to question 5		

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5. Please describe why Cordran tape is required as opposed to available alternatives.

Sign and date below

Step 3	I certify the above is true to the best of my knowledge. Please sign and date:				
	Prescriber Signature	Date			
			[4 March 2020]		