

# US Family Health Plan

## Prior Authorization Request Form for mometasone/formoterol (**Dulera**)

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:

<p>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.</p>	<input type="checkbox"/> Acknowledged Proceed to question 2	
<p>2. Is the use of generic budesonide/formoterol (Symbicort) and generic fluticasone/salmeterol diskus (for example, Wixela) contraindicated?</p>	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No Proceed to question 3
<p>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?</p>	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No Proceed to question 4
<p>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?</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 the requested medication and changing to generic budesonide/formoterol (Symbicort) and generic fluticasone/salmeterol diskus (for example, Wixela) would incur unacceptable risk?</p>	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No Proceed to question 6

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<b>6. Does the patient have asthma and requires rescue therapy or intermittent and daily ICS-LABA therapy with an ICS-formoterol combination and generic budesonide/formoterol is not an option?</b>	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No <b>STOP</b> Coverage not approved
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**Step** I certify the above is true to the best of my knowledge. Please sign and date:

**3**

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Prescriber Signature

Date

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[28 Feb 2024]