

US Family Health Plan
Prior Authorization Request Form for
Minocycline HCL ER (Emrosi)

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**

Prior authorization does not expire.

Step 1 Please complete patient and physician information (please print):

1 Patient Name: _____ Physician Name: _____
Address: _____ Address: _____
Sponsor ID #: _____ Phone #: _____
Date of Birth: _____ Secure Fax #: _____

Step 2 Please complete the clinical assessment:

2	1. The provider acknowledges that minocycline immediate release (IR) is available to DoD beneficiaries without the need of prior authorization. The provider is encouraged to change the prescription to minocycline IR.	<input type="checkbox"/> Acknowledged Proceed to question 2	
	2. Does the patient have inflammatory lesions (papulopustular) of rosacea?	<input type="checkbox"/> Yes Proceed to question 3	<input type="checkbox"/> No STOP Coverage not approved
	3. Please provide the clinical rationale as to why the patient requires minocycline extended release and cannot be treated with minocycline immediate release.	_____ Sign and date below	

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

3 _____
Prescriber Signature Date