USFHP Prior Authorization Request Form for
methylphenidate extended release tablets **(Relexxii)**

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

https://www.usfamilyhealth.org/for-providers/pharmacy-information/

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 is aware and acknowledges that several other long-acting methylphenidate ER formulations, including generic Concerta, generic Metadate CD, generic Methylin ER, generic Aptensio XR, generic Ritalin, and Quillivant XR are available to DoD beneficiaries without requiring prior authorization.	☐ Acknowledged Proceed to question **2**
2. Please explain why the patient requires Relexxii ER tablets and cannot take the 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 _____

[17 March 2023]