

**TRICARE Prior Authorization Request Form for  
fluticasone/vilanterol (Breo Ellipta)**



**JOHNS HOPKINS**  
HEALTH PLANS

7231 Parkway Drive, Suite 100, Hanover, MD 21076

## USFHP Pharmacy Prior Authorization Form

**FAX Completed Form and  
Applicable Progress Notes to:  
(410) 424-4037**

To be completed by Requesting provider	
Drug Name:	Strength:
Dosage/Frequency (SIG):	Duration of Therapy:

**Questions?** Contact the Pharmacy Dept at: (888) 819-1043, option 4

Clinical Documentation must accompany form in order for a determination to be made.

*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.	<input type="checkbox"/> Acknowledged Proceed to question 2	
2. Is the use of generic budesonide/formoterol (Symbicort) and generic fluticasone/salmeterol diskus (for example, Wixela) contraindicated?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> 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

**For Internal Use Only**

<input type="checkbox"/> Approved:	Duration of Approval: ____month(s)
<input type="checkbox"/> Denied:	Authorized By:
<input type="checkbox"/> Incomplete/Other:	PA#:
Date Faxed to MD:	Date Decision Rendered: