

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



JOHNS HOPKINS
HEALTH PLANS

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

USFHP Pharmacy Prior Authorization Form

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 Proceed to question 6

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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?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No STOP Coverage not approved
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Step 3 I certify the above is true to the best of my knowledge. Please sign and date:

_____	_____
Prescriber Signature	Date

[28 Feb 2024]

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: