

TRICARE Pharmacy Program Medical Necessity Form for Adcirca



5618

This form applies to the TRICARE Pharmacy Program (TPharm). The medical necessity criteria outlined on this form also apply at Military Treatment Facilities (MTFs). The form must be completed and signed by the prescriber.

- The phosphodiesterase-5 (PDE-5) inhibitor on the DoD Uniform Formulary for the treatment of pulmonary arterial hypertension (PAH) is Revatio (sildenafil). **Adcirca (tadalafil) is non-formulary, but available to most beneficiaries at the non-formulary cost share.**
- You do **NOT** need to complete this form in order for non-Active duty beneficiaries (spouses, dependents, and retirees) to obtain non-formulary medications at the non-formulary cost share. The purpose of this form is to provide information that will be used to determine if the use of Adcirca instead of a formulary medication is medically necessary. If Adcirca is determined to be medically necessary, non-Active duty beneficiaries may obtain it at the formulary cost share.
- TRICARE will not cover Adcirca for Active duty service members unless it is determined to be medically necessary instead of Revatio, in which case it will be available to Active duty service members at no cost share.

MAIL ORDER and RETAIL	<ul style="list-style-type: none"> • The provider may call: 1-866-684-4488 or the completed form may be faxed to: 1-866-684-4477 • The patient may attach the completed form to the prescription and mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954 or email the form only to: TPharmPA@express-scripts.com 	MTF	<ul style="list-style-type: none"> • Non-formulary medications are available at MTFs only if both of the following are met: <ul style="list-style-type: none"> ○ The prescription is written by a military provider or, at the discretion of the MTF, a civilian provider to whom the patient was referred by the MTF. ○ The non-formulary medication is determined to be medically necessary. • Please contact your local MTF for more information. There are no cost shares at MTFs.
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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 1. Please explain why the patient cannot be treated with the formulary medication Revatio (sildenafil):

Please indicate which of the reasons below (1-3) applies to the formulary medication Revatio. You **MUST** circle a reason **AND** supply a specific written clinical explanation.

Formulary Medication	Reason	Clinical Explanation
Revatio (sildenafil)	1 2 3	

Acceptable clinical reasons for not using the formulary medication are:

1. Use of the formulary medication is contraindicated (e.g., due to hypersensitivity).
2. The patient has experienced significant adverse effects from the formulary medication.
3. Use of the formulary medication has resulted in therapeutic failure.

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

3

_____ Date _____

Prescriber Signature

Date