

TRICARE Pharmacy Program Medical Necessity Form for Anzemet, Sancuso, and Zuplenz



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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.

- Formulary antiemetics in this drug class include granisetron tablets (**Kytril**) and ondansetron tablets, oral solution, and orally disintegrating tablets [ODT] (**Zofran**).
- **Anzemet (dolasetron), Sancuso (granisetron transdermal), and Zuplenz (ondansetron oral soluble film) are non-formulary, but available to most beneficiaries at a \$22 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 \$22 non-formulary cost share. The purpose of this form is to provide information that will be used to determine if the use of a non-formulary medication instead of a formulary medication is medically necessary. If a non-formulary medication is determined to be medically necessary, non-active duty beneficiaries may obtain it at the \$9 formulary cost share.
- Active duty service members may not fill prescriptions for a non-formulary medication unless it is determined to be medically necessary. There is no cost share for active duty service members at any DoD pharmacy point of service.
- Quantity limits apply for medications in this class. Please see http://pec.ha.osd.mil/forms_criteria.php for more information.

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):

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

Step 2 Please indicate which of the reasons below applies to each of the formulary medications listed in the table, if applicable. You **MUST** supply a specific written clinical explanation for each formulary medication.

Formulary Medication	Reason	Clinical Explanation
Granisetron tablets (Kytril)	1 2 3 4 5 6	
Ondansetron (Zofran) tablets, ODT, oral solution	1 2 3 4 5 6	

Acceptable clinical reasons for not using each of the formulary medications are:

1. Use of the formulary medication is contraindicated (e.g., due to a hypersensitivity reaction)
2. The patient has experienced or is likely to experience significant adverse effects from the formulary medication.
3. Use of the formulary medication has resulted in therapeutic failure.
4. The patient previously responded to a non-formulary medication and changing to a formulary medication would incur unacceptable risk
5. **Zuplenz request ONLY** – the patient is a pediatric patient who cannot take ondansetron ODT (orally disintegrating tablet)
6. **Zuplenz request ONLY** – the patient requires a **non-swallow dosage form AND has PKU** (phenylketonuria) [Zuplenz does not contain phenylalanine - Zofran ODT contains phenylalanine]

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

_____	_____
Prescriber Signature	Date