

# TRICARE Pharmacy Program Medical Necessity Form for Antara, Tricor, Lovaza (formerly Omacor), and Welchol Page 1 of 2



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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.

- Antilipidemics on the DoD Uniform Formulary include: fibric acid derivatives (gemfibrozil, Fenoglide, Triglide and generic fenofibrate products); niacin immediate- and extended-release (Niacor, Niaspan); bile acid sequestrants (cholestyramine products and colestipol); HMG CoA-reductase inhibitors (Altoprev, Lescol, Lescol XL, Lipitor, lovastatin, pravastatin, and simvastatin); ezetimibe (Zetia) and ezetimibe/simvastatin (Vytorin); and lovastatin/niacin (Advicor) and simvastatin/Niaspan ER (Simcor). These products are available at a \$9 (branded) or \$3 (generic) cost share, with the exception of the branded product Fenoglide (meltedose fenofibrate), which is available at a \$3 cost share.
- Lovaza, formerly called Omacor (prescription omega-3 fatty acids), Welchol (colesevelam), and the fenofibrate products Antara, Tricor, and Trilipix 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.
- TRICARE will not cover a non-formulary medication for Active duty service members unless it is determined to be medically necessary instead of a formulary medication. If a non-formulary medication is determined to be medically necessary, it will be available to Active duty service members at no cost share.

MAIL ORDER and RETAIL	<ul style="list-style-type: none"> <li>The provider may call: <b>1-866-684-4488</b> or the completed form may be faxed to: <b>1-866-684-4477</b></li> <li>The patient may attach the completed form to the prescription and mail it to: <b>Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954</b> or email the form only to: <a href="mailto:TpharmPA@express-scripts.com">TpharmPA@express-scripts.com</a></li> </ul>	MTF	<ul style="list-style-type: none"> <li>Non-formulary medications are available at MTFs only if <b>both</b> of the following are met:                             <ul style="list-style-type: none"> <li>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.</li> <li>The non-formulary medication is determined to be medically necessary.</li> </ul> </li> <li>Please contact your local MTF for more information. There are no cost shares at MTFs.</li> </ul>
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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** 1. Please indicate which medication is being prescribed:

<input type="checkbox"/> Antara (micronized fenofibrate)	
<input type="checkbox"/> Tricor (nanocrystallized fenofibrate)	
<input type="checkbox"/> Trilipix (fenofibric acid)	
<input type="checkbox"/> Lovaza (formerly Omacor) (prescription omega-3 fatty acids)	
<input type="checkbox"/> Welchol (colesevelam)	

**Antara (micronized fenofibrate), Tricor (nanocrystallized fenofibrate) or Trilipix (fenofibric acid)**

2. Please explain why the patient cannot be treated with Fenoglide. Fenoglide is available at a special \$3 cost share. You **MUST** circle a reason AND supply a specific written clinical explanation.

Formulary Medication	Reason	Clinical Explanation
Fenoglide (meltedose fenofibrate)	1	

- Fenoglide is contraindicated (e.g., due to hypersensitivity to a dye or other inert ingredient).

Questions for Omacor and Welchol are on Page 2. For all products, please sign and date at the bottom of Page 2.

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**Step 2 Lovaza (prescription omega-3 fatty acids) (formerly Omacor)**

**3. Please indicate which of the reasons below (1-3) applies to each of the formulary medications listed in the table. You MUST circle a reason AND supply a specific written clinical explanation for EACH formulary medication.**

Formulary Medication	Reason	Clinical Explanation
Fibric acid derivatives (gemfibrozil, fenofibrate)	1 2 3	
Niacin (e.g., Niaspan)	1 2 3	

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

**Welchol tablets (colesevelam)**

**4. Please indicate which of the reasons below (1-5) applies to each of the formulary bile acid sequestrants listed in the table. You MUST circle a reason AND supply a specific written clinical explanation for EACH formulary medication.**

Formulary Medication	Reason	Clinical Explanation
Cholestyramine powder for oral suspension (Questran, Questran Light, Prevalite, generics)	1 2 3 4 5	
Colestipol tablets (Colestid) or granules for oral suspension (Colestid, generics)	1 2 3 4 5	

1. The formulary medication is contraindicated (e.g., due to hypersensitivity).
2. The patient has experienced or is likely to experience significant adverse effects with the formulary medication.
3. The formulary medication resulted in therapeutic failure.
4. The patient has a history of GI obstruction and requires treatment with a bile acid sequestrant.
5. The patient is pregnant and requires treatment with a bile acid sequestrant.

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

**3**

\_\_\_\_\_  
Prescriber Signature

\_\_\_\_\_  
Date