

TRICARE Pharmacy Program Medical Necessity Form for Fanapt, Latuda, and Saphris



5645

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.

- Atypical antipsychotic agents on the DoD Uniform Formulary include: Abilify, Clozaril (generics), Geodon, Invega, Risperdal (generics), Seroquel/XR, Symbyax, and Zyprexa. **Fanapt, Latuda, and Saphris are 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 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 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"> • 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 explain why the patient cannot be treated with the formulary medications. Circle a reason code if applicable. You MUST supply a specific written clinical explanation as to why each of the formulary medications would be unacceptable.

Formulary Medication	Reason	Clinical Explanation
Abilify / Abilify Discmelt (aripiprazole)	1 2 3 4	
Clozaril, Fazacllo (clozapine)	1 2 3 4	
Geodon (ziprasidone)	1 2 3 4	
Invega (paliperidone)	1 2 3 4	
Risperdal / Risperdal ODT (risperidone)	1 2 3 4	
Seroquel / Seroquel XR (quetiapine)	1 2 3 4	
Symbyax (olanzapine and fluoxetine)	1 2 3 4	
Zyprexa / Zyprexa Zydis (olanzapine)	1 2 3 4	

Acceptable clinical reasons for not using a formulary medication are:

1. Use of the formulary agent is contraindicated.
2. The patient has experienced significant adverse effects from the formulary agent.
3. Use of the formulary agent has resulted in therapeutic failure.
4. The patient previously responded to the non-formulary agents and changing to a formulary agent would incur an unacceptable clinical risk to the patient.

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

Prescriber Signature _____	Date _____
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