

TRICARE Pharmacy Program Medical Necessity Form for Adrenergic Beta-blockers (ABAs) (Bystolic)



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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.

- Bystolic (nebivolol) is an adrenergic beta blocker used in hypertension. **Bystolic is non-formulary, but available to most beneficiaries at the non-formulary cost share.** ABAs on the DoD Uniform Formulary include Coreg CR and multiple generics: acebutolol, atenolol ± chlorthalidone, betaxolol, bisoprolol ± HCTZ, carvedilol immediate release, labetalol, metoprolol tartrate ± HCTZ, metoprolol succinate extended release, nadolol ± bendroflumethiazide, penbutolol, pindolol, propranolol ± HCTZ, and propranolol extended release.
- The purpose of this form is to provide information that will be used to determine if the use of Bystolic *instead of a formulary medication(s)* is medically necessary. If Bystolic is determined to be medically necessary, non-Active duty beneficiaries may obtain it at the formulary cost share.
- TRICARE will not cover Bystolic for Active duty service members unless it is determined to be medically necessary *instead of a formulary medication(s)*, 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	<p>1. Non-formulary medications are available at MTFs only if both of the following are met:</p> <p style="margin-left: 20px;">a. 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.</p> <p style="margin-left: 20px;">b. The non-formulary medication is determined to be medically necessary.</p> <p>2. Please contact your local MTF for more information. There are no cost shares at MTFs.</p>
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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 a formulary alternative:

Please indicate which of the reasons below (1-2) applies.

Formulary Alternative	Reason	Clinical Explanation
Bisoprolol ± HCTZ	1 2	
Coreg IR (carvedilol immediate release)	1 2	
Coreg CR (carvedilol extended release)	1 2	
Metoprolol succinate extended release	1 2	
Metoprolol tartrate ± HCTZ	1 2	
Acebutolol	1 2	
Atenolol ± chlorthalidone	1 2	
Betaxolol	1 2	
Labetalol	1 2	
Nadolol ± bendroflumethiazide	1 2	
Penbutolol	1 2	
Pindolol	1 2	
Propranolol ± HCTZ	1 2	
Propranolol extended release	1 2	
Timolol	1 2	

1. Use of the formulary ABA is contraindicated (e.g., due to hypersensitivity).
2. The patient previously responded to Bystolic and changing to any formulary alternative 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