

# TRICARE Pharmacy Program Medical Necessity Form for Dihydropyridine Calcium Channel Blockers



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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.

- **Amlodipine, felodipine, nifedipine, and generic nisoldipine (Sular core coat delivery system)** are the dihydropyridine calcium channel blockers (CCBs) included on the DoD Uniform Formulary. **Isradipine (immediate- and extended-release [Dynacirc CR]), nicardipine (immediate- and sustained-release [Cardene SR]), and Sular (Geomatrix delivery system)** 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.

<b>MAIL ORDER and RETAIL</b>	<ul style="list-style-type: none"> <li>• The provider may <b>call: 1-866-684-4488</b> or the completed form may be <b>faxed to: 1-866-684-4477</b></li> <li>• The patient may attach the completed form to the prescription and <b>mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954</b> or <b>email</b> the form only to: <b>TpharmPA@express-scripts.com</b></li> </ul>	<b>MTF</b>	<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** Please explain why the patient cannot be treated with any of the formulary alternatives:  
Please indicate which of the reasons below (1-4) applies to each of the formulary alternatives listed in the table. You **MUST** circle a reason **AND** supply a written clinical explanation specific for **EACH** formulary alternative.

Formulary Alternative	Reason	Clinical Explanation
Amlodipine (Norvasc)	1 2 3 4	
Felodipine (Plendil)	1 2 3 4	
Nifedipine extended release (e.g., Procardia XL, Adalat CC)	1 2 3 4	
Nisoldipine core coat (Sular core coat)	1 2 3 4	

1. The formulary alternative is contraindicated (e.g., due to hypersensitivity).
2. The patient has experienced significant adverse effects with the formulary alternative.
3. Use of the formulary alternative resulted in therapeutic failure.
4. The patient is stabilized on a non-formulary CCB, is clinically fragile (multiple comorbidities), and changing to a formulary alternative would incur an unacceptable risk to the patient (e.g., destabilization, abrupt worsening of symptoms).

**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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